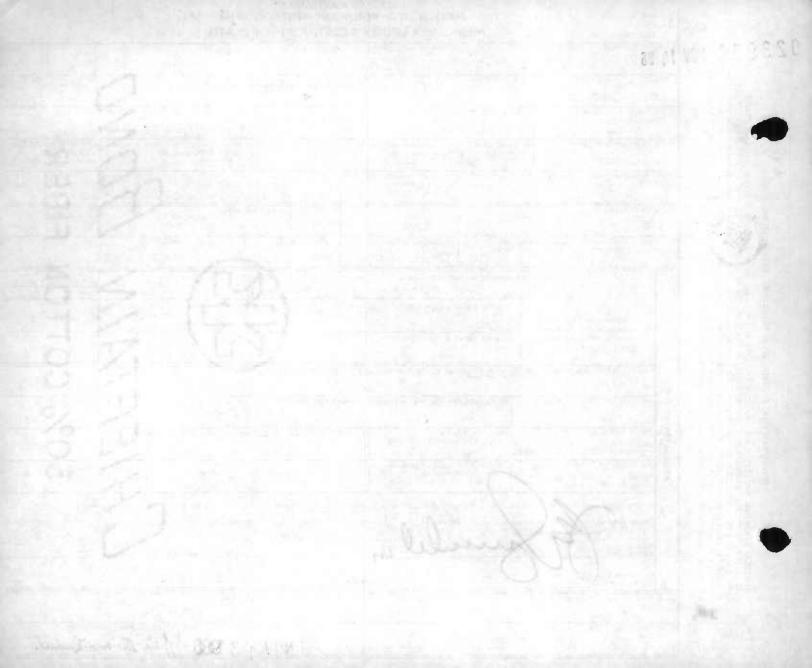
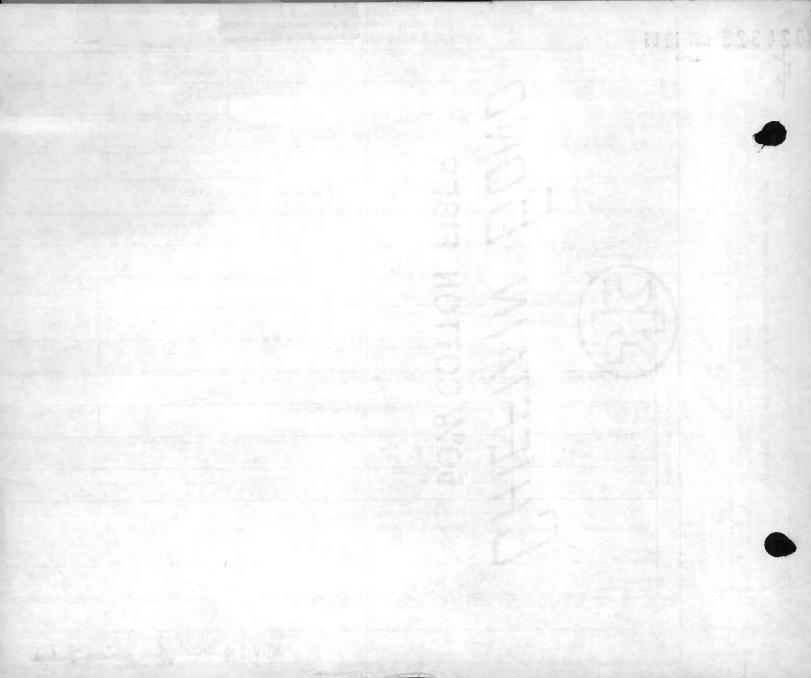
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN IF ANY DELAY IS N°CESSARY, PLEASE C., AND 3 TO THE FUNERAL DIRECTOR. O. RETAIN PAGE 5 FOR YOUR FILES. SHOUND BE FILED, WITHIN 72 HOURS. I. REGORDS (70) W. PRESTON STREET, OF ESTI-ALFONSA LEE DEATH MATED 4 RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 3 1923 male hlack DEAD 0_06 19 1 1 _ 0 _ 0 6 19

9. BALTIMORE CITY OF COUNTY OF DEATH 500 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED USA Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Saleno Place Baltimore Retired Truck Driver USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) USUAL NE AD. 21201 Baltimore 136. COUNTY CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS.
VES XI NO III 2568 Salerno Place YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mc Cray James Blanche 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS YES, NO OR UNKNOWN) LIFYES GIVE WAR OR DATES 249-24-2236 Hattie B. Lee 24 N. Ashburton Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to USED AS A E CERTIFICATION 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, DIVISION OF VITAL YES X NO T DEPARTMENT 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH P.M 21 e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED AT WORK AT NOT WHILE TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P ET FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY ains described obove, held on Autopsy Undetermined monner TITLE (SPECIFY) ACTUAL DATE 11-9-86 SIGNATURE MEDICAL EXAMINER John E. Smialek, M.D. ADDRESS EXAMINER'S 111 Penn Street TYPE OR PRIN 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE Randal 1stown 11/14/86 King Memorial Park Md BP 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Home West 4300 Wabash Avenue (VR A15 ME (5))



024325 NO	v 1	Items FOR STATE M.	E.,/Gb	21a, j.,12	2/19/	DEPART	MENT OF							3	4	4	2
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ANY DE ANY DE PETANNO 3 DE PETA	3		CE (IF IN NURSING HO	ME OR OTHER		IVE RESIDENCE	BEFORE ADMISSION OR TOWN		13d. INSIDE CI	ITY LIMITS?		et address		nre	Street	- 2122	23
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ALTIM SAFTER SIVE PA PAGES VISION	1	(YES, NO, OR UNI	KNOWN) (IF YES, O	GIVE WAR OR	DRCES?		30 –672 2	NO.	17. INFORA Leona		.786 R	ichfield	address d Drive				
201 W. PRESTON ST., BALTIMORE, MD JTED WITHIN 24 HOURS AFTER DEATH IN PENCIL IN ITEM 18. GIVE PAGES 1 RXAMINER ALONG WITH FORM PM. 3 IAL-TRANSIT PERMIT. PAGES 1, AND 30. ON MENTAL HYGIENE, DIVISION OF VITAL ON, OR REMOVAL.	, BURIAL - TRANSI: 1 AND MENTAL HY MATION, OR REMO	Condi gave cause	E OF DEATH (Enter DEATH WAS CAL IMMED tions, if any, wh rise to immedi (a) stating the una cause lost.	JSED BY: DIATE CAU	SE (o) N DUE TO, OI	arcot RASACON), and (c).) Lic in NSEQUENCE C)F	icati	on						OXIMATE IN	NTERVAL AND DEATH
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CERTIFICATI DIRECTOR: WITH THE 8	-		1	orge of the		Accident		Autops	Hamici	PECIFY)	Undete	Inquiry C	ner X.	DATE		1/12	2/86
₹ 5% 2 %5	1	EXAMINER (TYPE OR P	RINT)		200	. Zane	M.D.		ADDRESS		Penn		Balto.	.MD.			
07-84 BP 372	-	Bur	nation,remova rial	11/15			Auburn (WV		B	ation altimore	e	COUN	ΤΥ	STATE	d
DHMH - 17 (VR A15 ME (5))	2	March Fu	ector Ineral Home	West	4300 Wa				2	NO NO	V 1 4	1986	25h REGIST	TRAR'S SI	GNATURE		



Same as 13e APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVES CRITICAL DISEASE. ARTERIOSCLEROSIS CARDIAC 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (aur) apinian death occurred an the date and havr and from the causes stated 22c DATE SIGNED 22e ADDRESSCHURCH HOSPITAL CORPORATION CAROL S. RAMSEY, D.O. 100 N. BROADWAY, BALTIMORE, MD. 21231 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial 11/16/86 Lemaster Cemetery Winlfred Kentucky Johnson 24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchies Hgwy Balto Md DHMH - 16 60M 7 84 (VRA 15, 4)

STATE OF MARYLAND

2b. HOUR

126 KIND OF BUSINESS OR

Castle

Home Maker

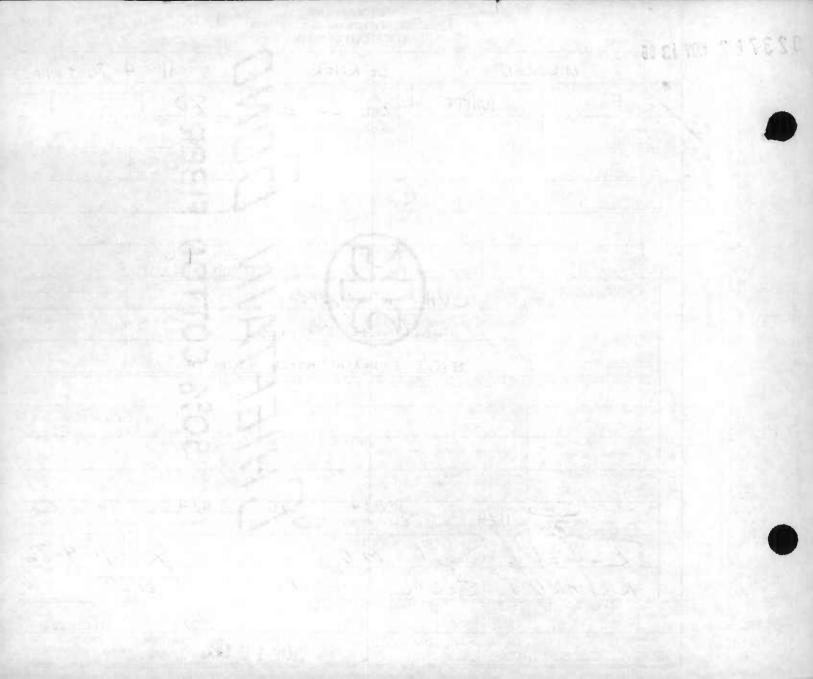
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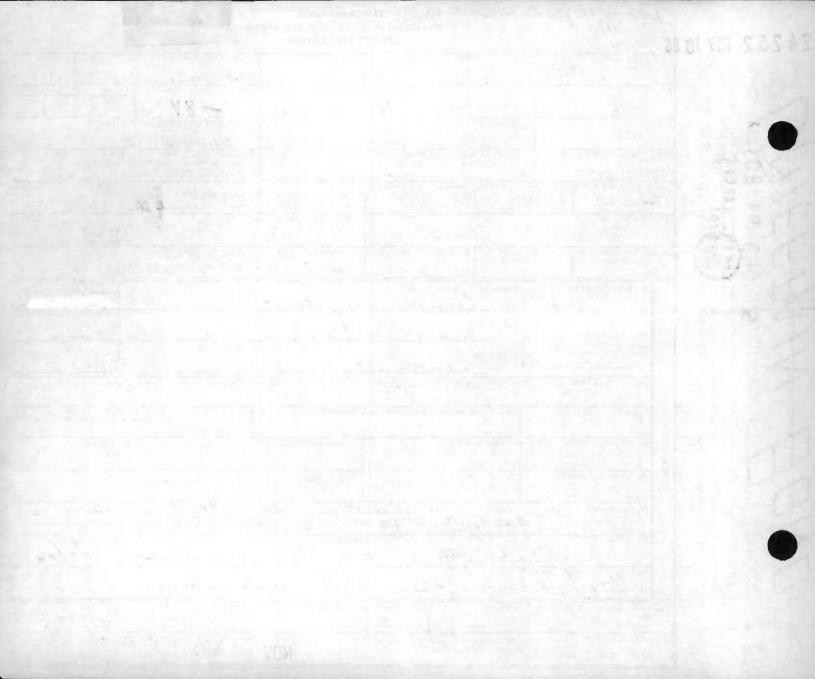
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PLEASE CTOR. FILES. FOURS	3. SEX	Stanle 4. RACE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHE	Lepkows	R. IF UNDER 24 HR		MONTH DA	7/19 86 27 194
ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. THIN 22 HOURS LESTON STREET,	M	LE CAUC.	12 15 76. CITIZEN OF W	15 70 ×		Hours MIN.	PRONOUNCED DEAD		7/19 86 A A
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ANY DI ANY DI AND 3 TRETAIN HOULD REFERDED	13a, S	RESIDENCE (IF IN NURSING HOME TATE 136 COUN		13 CITY OR TOWN	13d. INSID		STREET ADDRESS	WA) + . S	4. 21224
MD. 77. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		ATHER'S NAME FIRST	MIDDLE	EAST		THER'S MAIDEN NA	ME MIDDLE	···	LAST
S AFTER DEA GIVE PAGES MITH FORM PAGES A INISION OF	16a \	VAS DECEASED EVER IN U.S. AR	-	813-16 · 7	Y NO. 17. INFO	DRMANT LEOOU	PAR DALL	SS 118	AUSTIN CH.
W. PRESTON ST.		Conditions, if any, which gave rise to immediate cause (a) stating the <u>under</u>	TE CAUSE (o) DUE TO, OF	e for (a), (b), and (c).) Arterioscle R AS A CONSEQUENCE R AS A CONSEQUENCE	OF	diovascul	ar Disease	В	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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SHOULD OND "PE CHIEF A E USED Y TO F HE/ URIAL, OURIAL, OURIAL	CERTIFICATION	196. DATE OF OPERATION	196. COND	ITION FOR WHICH OPEI	RATION WAS PERF	ORMED?		20	YES NO X
DIVISION OF VITAL RE NEE: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD. "PEI FE FORWARDED TO THE CHIFF W TOR: PAGE 3 SHOULD BE USED A ITHE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURRAL,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH DAY YEA	21¢ HOW INJU	JRY OCCURRED (EN	TER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
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EXAM CERTIF OULD BINE F, WITH		22e I certify that I took chard death resulted from: Notu	ge of the remains de ural causes X,		TITLE	Inspection X micide Unit E (SPECIFY) SSISTANT	determined manner	ond in my opinion , DATE SIGNED	11/17/86
MEDICAL GECUTE THE GECUTE THE AGE 4 SHO FIER DEATH	-			auffman, M.		3	Penn St.		
07/B4 BP	B	URIAL, CREMATION, REMOVAL PECIFY) UNERAL DIRECTOR	236. DATE 11 20 8	HOLY RO	SARY CE	ATORY 23d.	LOCATION ITY OF TOWN BY REGISTRAR 256. RE	COUNTY COUNTY GIŞTRAR'Ş SIGN.	mb.
DHMH - 17 (VR A15 ME (5))	KA	czorowski Fun	IERAL HO	ME ZOAS F	CET OF.	NOV 1	3 890	ವೆಸಲಾ ಮತ್ತು	

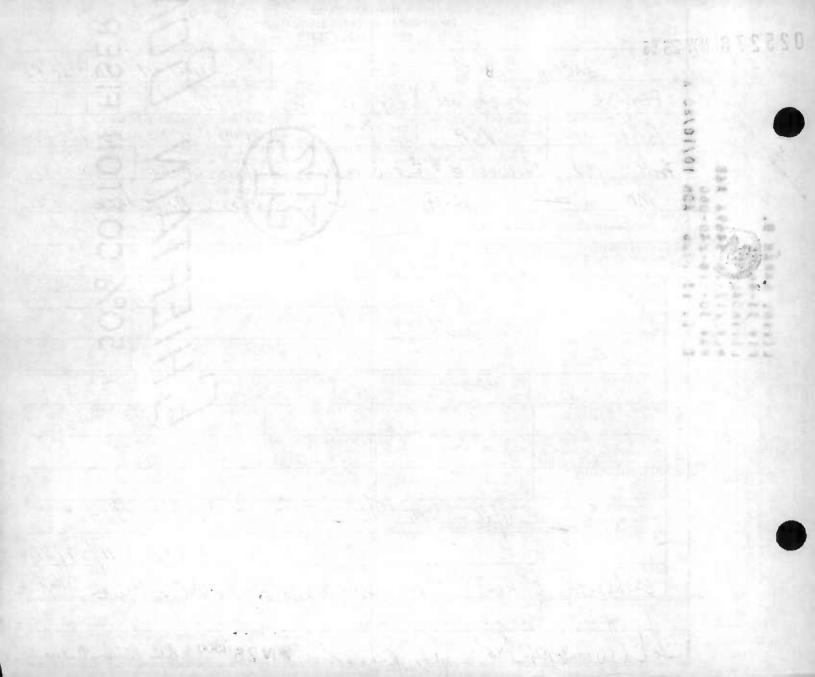
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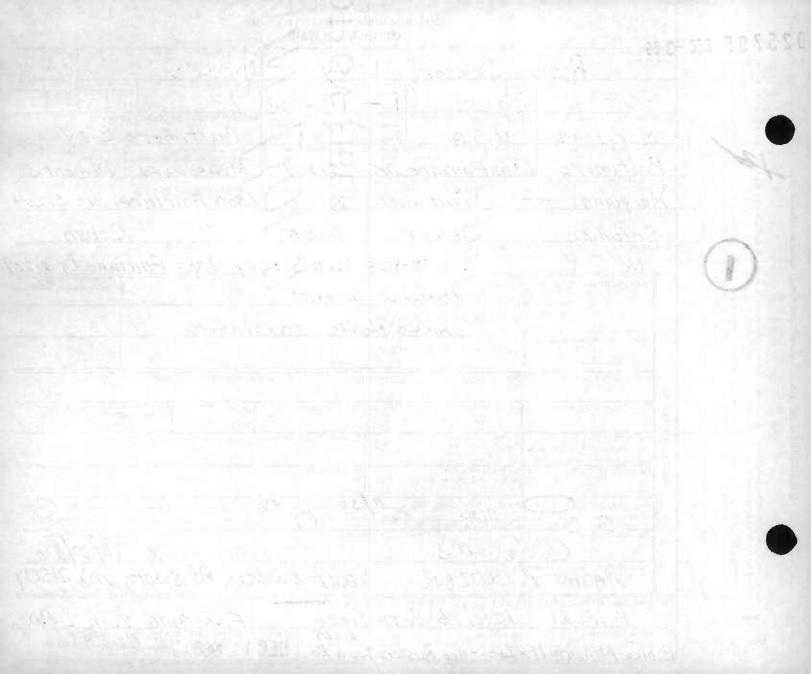
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EM.		2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACELITY, GIVE THE JOHNS HO	STREET ADDRESS)		12a USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY AT HOME
AND 212	- 1	85	130 M	AL RESIDENCE (IF NURSING HIMEO ARYLAND 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	134. INSIDE CITY LIMITS?	13e STREET ADDRESS / 4210 LOWE	ZIR CODE	#21208
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IMORE,		12			VE WAR OR DATES)	SECURITY NO.	17 INFORMANT DR. 181 WAVERLE			NY 10583
TON ST. BALT	S maling physics carbonadaper	motic event, the		III. CAUSE OF DEATH (Enter or PART I. DE ATH WAS CAUST IMMEDIA	D BY:	pulmo	ary arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 SECONDS
20) W PRES	and by the att	y, ar other train		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	OITION GIVEN	Oyers Oyers				
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OF VIT	a physical self-trans mtol Hyg	100	CAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	OR PART 2)
IVISION	otherding the thing is the bu	io de	MEDI	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY STATE
	spital or CTOR, Al for use of Health	21 is mo		22a. I certify that (I) (this hasp saw the deceased alive or abave, (I) (we) (did) (did no	ital) attended the deceased 1.1586 attended the deceased the deceased the property of the deceased the dece	19 10 pm,	nd that in (my) (our) apinian		, 19. ate and hour a	8 (a , that (I) (we) lost and I ram the couses stated
	At DIRE	1		The SIGNATURE JUST TO	Endon MO		DEGREE ATTENDING	MEDICAL STAF	FF	11 7 86
and the second	O FUNES	APORTAN		JESTY F	London, M	.D.	Johns Ho	pkins Hos	·P.	
	BP	-	23a. B	BURIAL, CREMATION, TEMOVAI BURIAL	NOV.12,1986	BETH	CEMETERY OR CREMATORY TFILOH	23d LOCATION CITY OR TOWN BALTIMON	RE	OUNTY MARYLAND STATE
D	HMH - 16 60M (VRA 15, 4)			INERAL DIRECTOR SOL	LEVINSON & B WN RD. BALTO		250. DA NOV	TE REC'D. BY REGISTRAR	2% REGISTA	R'S SIGNATURE date



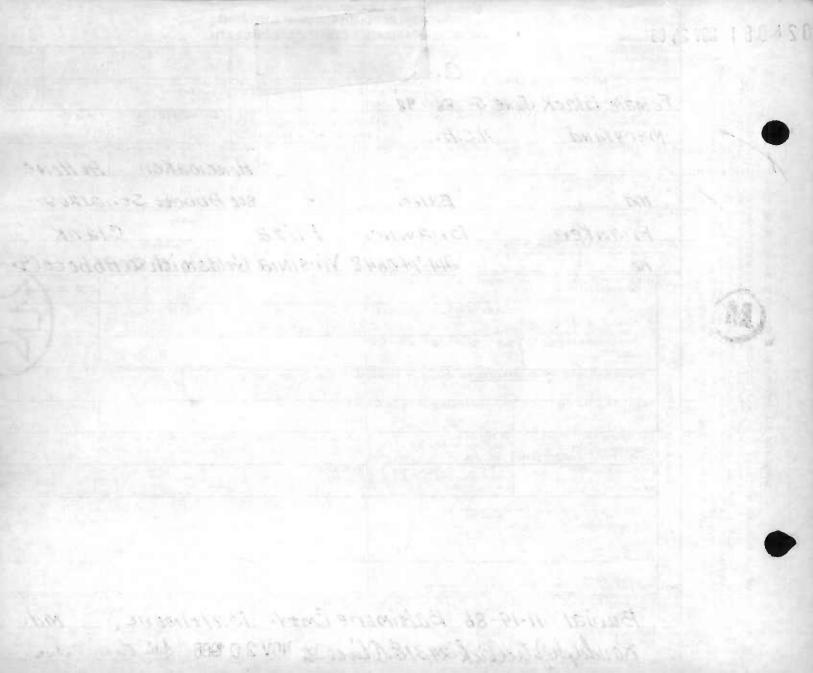
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a 64		OR PRINT)	FIRST		MIDDLE		IST /	20. DATE OF DEATH	,	AY YEAR	26 HOUR
noy be poge 3	2 22		ARAH		3.		VIN		10V. 18	1986	7:40 PM
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NG PHTSICIAN. The law requires thought deployees of the thin centricate has been signed by the offending part in burned regional parties. Then press getting a set in burned Mygreene principle burned regional styles and Membel Mygreene principle burned regional or set in the burned region of central parties.	NO.	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate ig the lost.	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER:	MINAL DISEASE OR CO	DNDITION GIVE	N IN PART TIO	
Part of the last o	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH?
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Offer His Cond M. Cond	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
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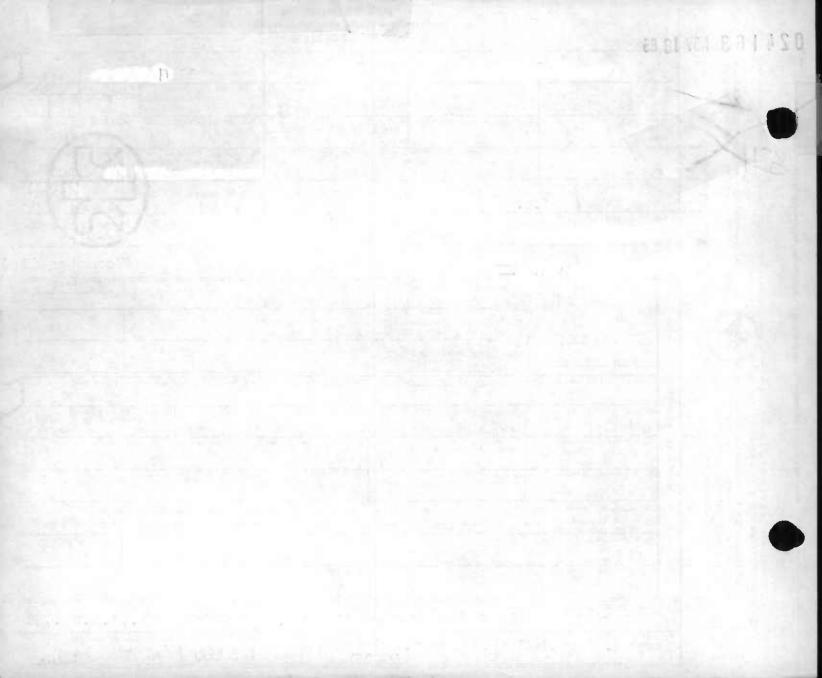


	١.	FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL	HYGIENE 6 0	3 4 9
25795 DEC	12	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
poge 3	U DI	GRASED NAME ROSE	Desser.	Levy	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR G 12 AM
ge 4 mo) ector, po	3. SE	Female	Cours	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY) 78 YR.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. S.
deoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		011
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makri mrpletel and 2 s		Solomon	Dessel	15. MOTHER'S MAIDEN Helen	WIDDLE	Cohen
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NG PHYSICIAN: The low require of the order o	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CEF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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ING PHYSIC or other this cert of the burial life and Mental life and Mental life and received or the process of	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDI spitol or CTOR: A for use of Heol		sow the decease alive on above, (1) we) (did)(did no	toll ottended the deceosed from	D7 /	ion death accurred on the date and t	nour and from the couses stared
OR e ho		22b. SIGNATURE	Her my	DEGREE ATTENDINI PHYSICIAN	G MEDICAL STAFF	22. DATE SIGNED 11/30/10
TO HOSPITAL retoined by the TO FUNERAL should be determined with the State IMPORTANT. If			P. CUTTER	220 ADDRESS 80	udock Al, Bal	to, m 2/209
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BUY 1 a l	12/1/86 B	eth Jacob	FINKSBURG	CARROLL MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	H	UNERAL DIRECTOR NAME BYEW MEMORIA	FHInc 1100 Reis	sterstown Rd 0	DATE REC'D. BY REGISTRAR 236. REGIST	K 4) 1.00

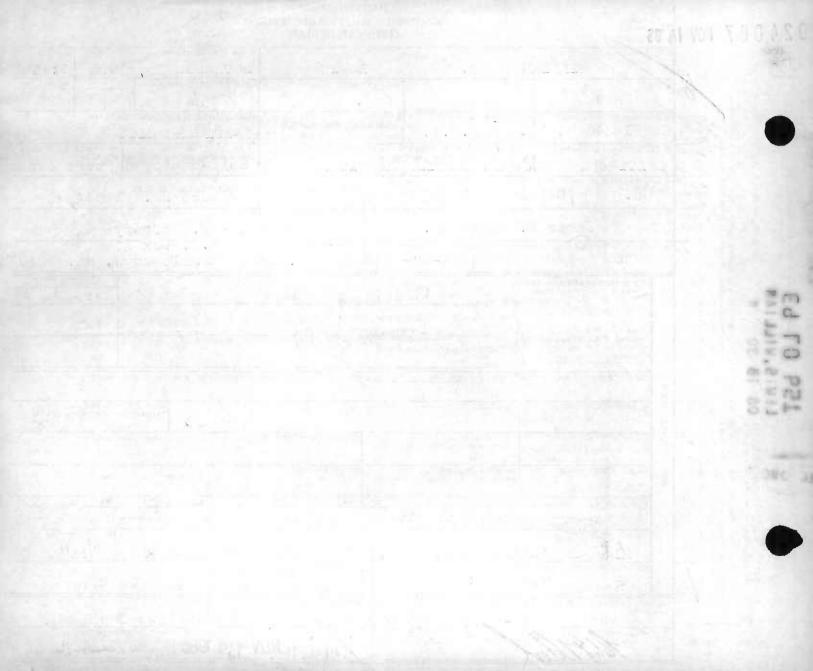


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PLEASE ECTOR: R PILES. HOURS STREET,	3. SE:		5. DATE OF BIRTH	4	NDER 1 YR. IF UNDER 24		MONTH DAY YEAR 2d. HOUR
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ARY, I L DIRE YOUR TON 5		emale Black	JUNE 5- 8	8 98 YRS.		DEAD	
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O SELECTION OF STREET	10. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G 	NURSING HOME, OR OT	HER INSTITUTION	2a. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	E OF WORK 126 KIND OF BUSINESS OR INDUSTRY
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E. MD. 21201 ATH. IF AND 2120 ES. 1, 2, AND 3 TO PM. 3, RETAIN I ND 2 SHOUD BE VITAL RECORDS		AL RESIDENCE (IF IN NURSING HOME OR TATE 1136, COUNT		ENCE BEFORE ADMISSION) CITY OR TOWN	113d. INSIDE CITY LIMITS?	3e STREET ADDRESS	
SE SEEDED	134.	m	F	alto.		800 Abbott.	St. 212022
AL AL	14, F	ATHER'S NAME			15. MOTHER'S MAIDEN	NAME	
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A DE PORTO	16a. \	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	Clark
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SS A GINE	\vdash	140		4-14-0648	VIVOINIA	Golds Mith:	SOUPPDE CE.
THE STATE OF THE S		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED			C1:1	an pinnin	BETWEEN ONSET AND DEATH
Z 25 2 2 3		IMMEDIATE	E CAUSE (a) ALCEL		Cardiovascul	ar Disease	
# F F F F			DUE TO, OR AS A	CONSEQUENCE OF			
2000年		Canditians, if ony, which gove rise to immediate	(b)				
ONS ENG		couse (a) stating the under-		CONSEQUENCE OF			
S SAN S		lying cause last.	(c)				
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LI RECO	CERTIFICATION						
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E CERTIFICATE DUID BE PORT L DIRECTOR: H, WITH THE S MARYLAND.		220. I certify that I taak charge	af the remains described	obore, held an Auto	psy . Inspection	, Inquiry XX on	nd in my opinion
EXAMINE CERTIFICA JUB BE FO DIRECTOR WITH THE		death resulted fram: Natura	ol couses Accid	lent/ , Suicide .	, Homicide .	Undetermined monner .	
ARINE ARINE	10		AN	/	TITLE (SPECIFY)		
CAL EXA THE CER SHOULD ERAL DIR FATH, WI		ACTUAL SIGNATURE	XDI	/	M.D. Assistant	_MEDICAL EXAMINER	DATE 11-15-86
SE S			1		11.0.	_MEDICAL EXAMINER	SIGNED
MEDIC CUTE T SE 4 SF FUNER FR DEA	1	(TYPE OR PRINT) Gree	gory R. Kauf	fman, M.D.	ADDRESS 111 Pe	enn St., Balto	., Md. 21201
TO MEDICAL E. EXECUTE THE OPAGE 4 SHOUL TO FUNERAL D A FTER DEATH, V BALTIMORE, M	730 5	URIAL, CREMATION, REMOVAL 23			OR CREMATORY	23d. LOCATION	
	130.6	SPECIFY) 12	110 01	Rolling	O Partil	CITY OR TOWN	COUNTY STATE
07/B4 BP	24 5	DUNIAL VI	1-14-86	Pattinor	25a. DATE RE	CD. BY REGISTRAR 1256 REGI	ISTRAR'S SIGNATURE
DHMH - 17	24. 1	NAME DE LA AA	P ADDRESS D	word all	Q NOV	O O COOC A	~ 1 . 4
(VR A15 ME (5))		Kandoley	Medlicka	4-3/6. (Ven	LED SE MUY	4 U 1500 Julia	Devideon Randale

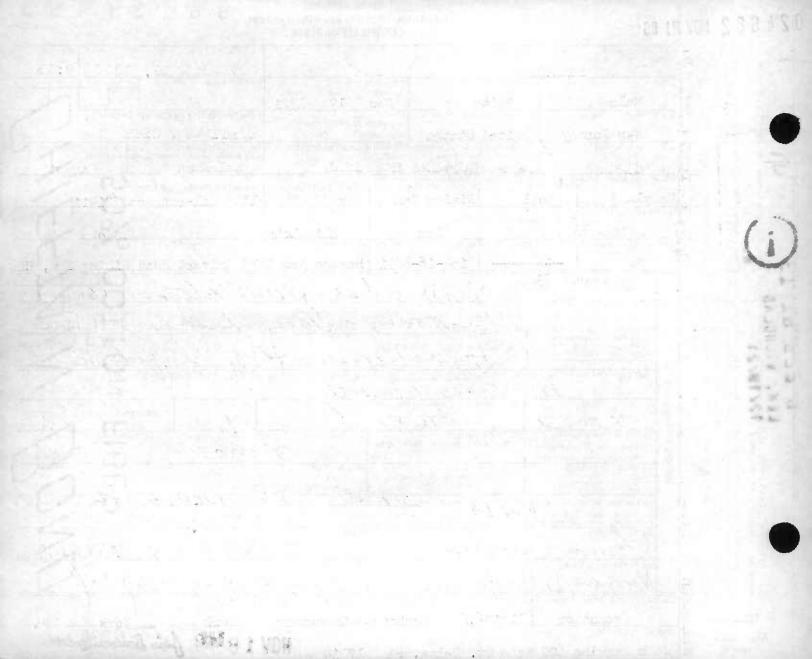




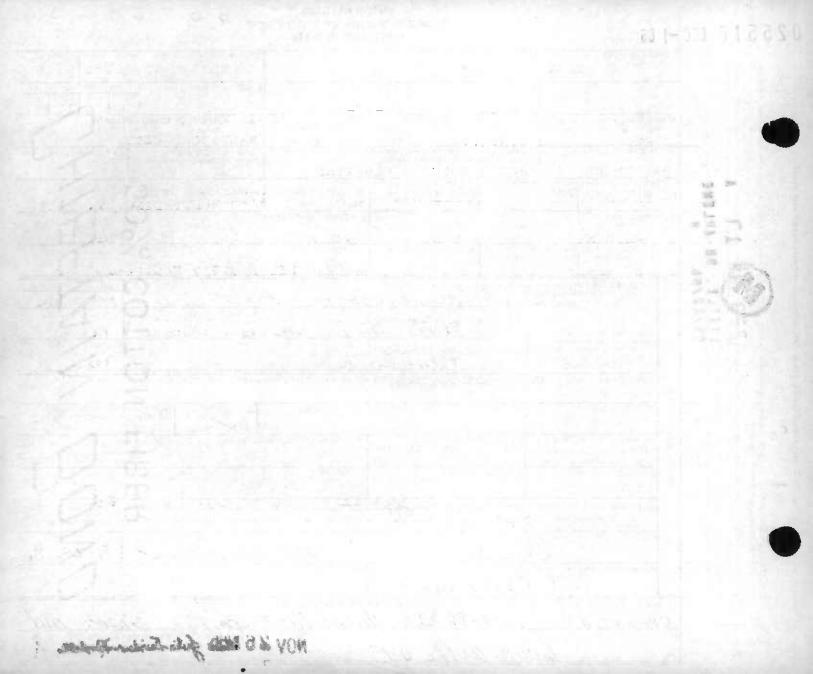
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH DREGISTRAR REG. NO. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2h HOUR TOR OF PERSON WILLIAM S. LEWIS NOVEMBER 13 1986 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) E UNDER LYEAR IF UNDER 24 HRS Male White Aug. 56 To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED Charlestown, U.S.A. BALTIMORE CITY WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR JOHNS HOPKINS HOSPITAL Seli-employed INDUSTRY BALTIMORE Store owner USUAL RESIDENCE (IF NURS IN HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Charlestown 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Bladen St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME James L. Lewis Sr. FIRST Ogorette F. McCrary P. ODDRESSOX 4.1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, HOTOR HUKNOWN) (IF YES GIVE WAR OR DATES) 216-28-4542 Mary B. Lewis Charlestown, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ardio or money 1) Minuter IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF ymphome Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO IX YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10 86 86 November Warember 1.3 22a. I certify that (I) (this hospital) attended the deceased from November 13 and that in (my)((our)) opinion death occurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Johns Hopkins Hospital Ball NO 21205 600 North Wolfe St 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Charlestown (SPECIFY) Charl Geci 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATUR Md. ome DHMH - 16 60M 7/84 (VRA 15, 4)

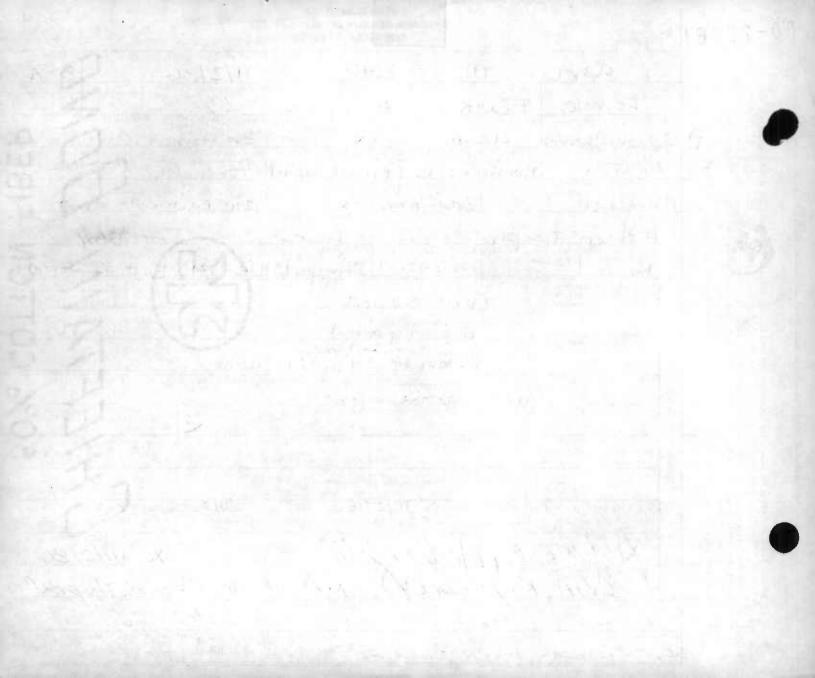


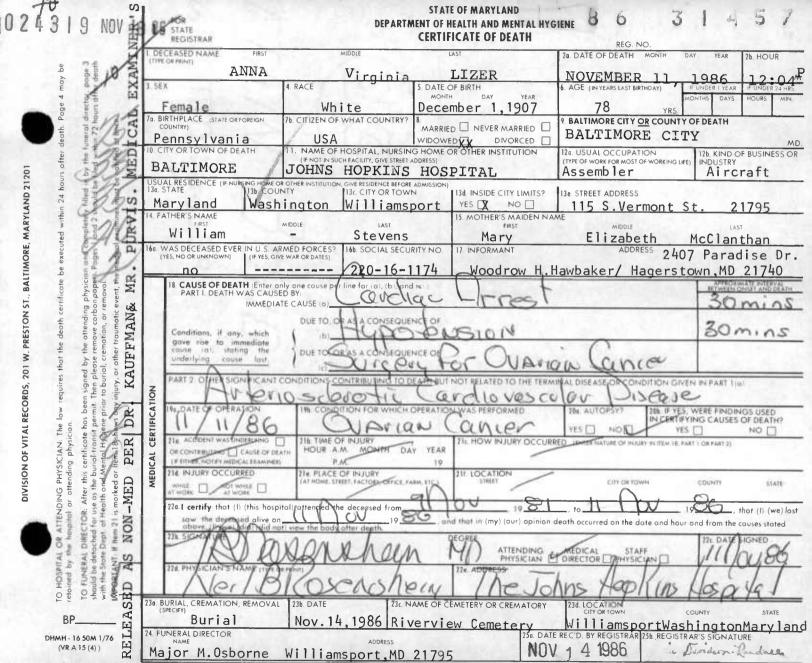
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OZ TO UZ MUY	?] - SATE REGISTRAR			CERTIFICATE OF I	REG. NO.							
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t may b	3. SEX	4 RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS				
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8 9 9 X	70. BIRTHPLACE (STATE OF	FOREIGN 76. CITIZEN C	F WHAT COUNTRY?	8. MARRIED X NEVER	MARRIED -	9. BALTIMORE CITY OR COUNTY OF DEATH						
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The feet	10. CITY OR TOWN OF DE		F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET	IG HOME OR OTHER INS	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							
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	Vincent	R IN U.S. ARMED FORCES	Lex		izabeth	ADDRESS	Kojoko					
og og e	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)										
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he of he day	gave rise to immediate											
by the series of the other		underlying cause last. Due to GRAMA CONSEQUENCE OF										
VITAL RECORDS, 201, W, PRESTON SI IN: The day, requires that the death cent resistance has been signed by the attending ronsit permit. Then please remove carbor Higiene prior to buriol, cremation, ar record shows any injury, or other traumatics.	PART 2. OTHER SIG	NIFICANT CONDITIONS	FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAY OF PASE OR CONDITION GIVEN IN PART THE									
RDS In sig	NO NO	MASS	ine e	besite	7	00						
D ony	NO LA	ATION 19b. CON	DITION FOR WHICH	OPERATION WAS PERFE	DRMED	206 AUTOPSY? 206. IF Y	ES, WERE FINDIN	IGS USED				
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IAN: TAN: Physic physic ifficate trons Hyge in Hyg in	40.00.00.00.00.00.00	L	OF INJURY A.M. MONTH D	AY YEAR 21c. HOW IN	NJURY OCCURR	ED TENTE MATURE OF HOURY IN ITEM !	B PART I OR PART 2)					
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of of of states of the states	230 BURIAL, CREMATION	, REMOVAL 23b. DATE	23c.	NAME OF CEMETERY OR	CREMATORY	A LOCATION	1111					
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DHMH - 16 60M 7/84[24 FLINERAL DIRECTOR			LALUWIE Grei	25a. DATE	POTE REC'D. BY REGISTRAR 16. REGI	STRAR'S SIGNAL	URE				
(VRA 15, 4)	John Harkin	s 600 Main S	ot. Delta.	PA 17314	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 Julia	Dandernoke	ndalls				

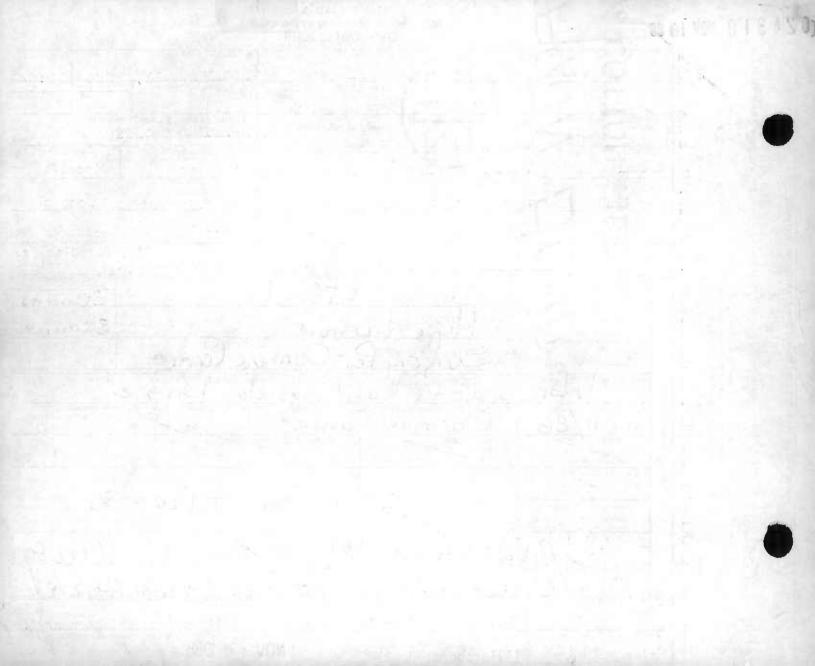


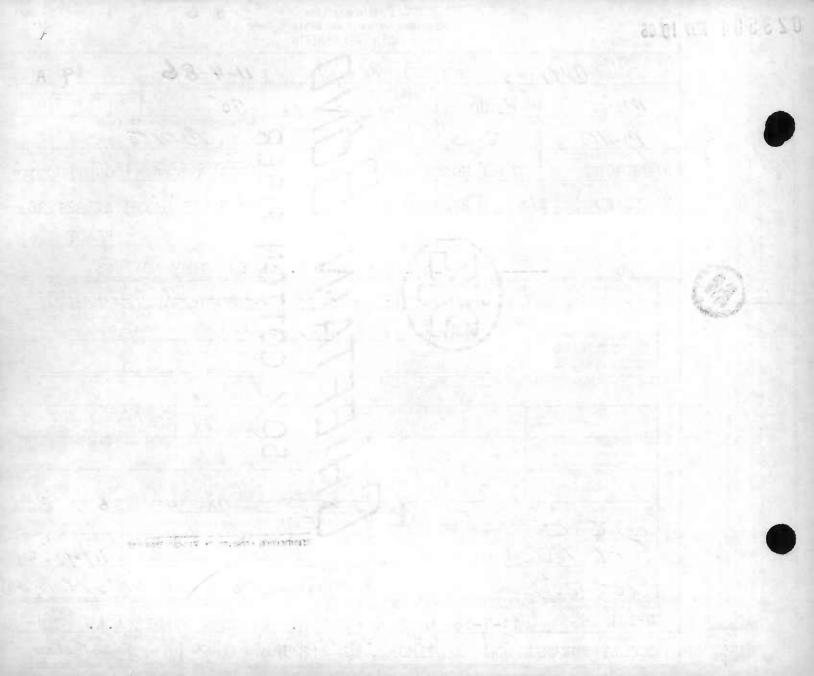
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4328 NOV		REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
poge 3	11176	Lon	sie	LOCKLEAR		11 10 86	615
	3 SEX	(4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR	
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Jedin Po	l '	OUNTRY) N.C.	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City of	DR COUNTY OF DEATH	4 "
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g physic onpope emavol.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	y one couse per line for 101, (b) BY: E CAUSE (a)	iclis pulmo nary as	LUT	, .	DXIMATE INTERVAL N ONSET AND DEATH
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by the osserem other tr		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	EQUENCE OF	Carcingm	7	mos.
equires the signed Then plect to buriol injury, or	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lio
ician. te has bee sit permit. giene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	TICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES	
PHYSICIAN: T this certificate te burial-transition and Mental Hygi d or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		DAY YEAR 19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
after this of a strength of the strength of th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CITY OR TO	IMM CORNIA	STATE
OR ATTENDI e hospital ar DIRECTOR: A packed far use Dept. of Heal		220.1 certify that (1) (this hospital saw, the deceased alive on prove, (1) (we) (did) (and not		9 and that in (my) (our) apinion	death occurred on the de		
		22b. SIGN ATURE	Dan	DEGREE ATTENDING	MEDICAL STAI	FF	ESIGNED
. 4 . 4		Jami Tur	1 Zacovi	PHYSICIAN [DIRECTOR D PHYSIC	IAN	10/11
OSPITAL ed by th UNERAL d be detected the State RTANT:		22d. PHYSICIAN'S NAME (TYPEOR JAIME	PUNZAL	AN 5214 Hay	movo. 1	Balto. mi	10/82
HOSPITAL inded by the FUNERAL build be detroph the State of the State	23a. B	Jami Tur	23b. DATE	22e ADDRESS	PARECTOR & PHYSIC PARECTOR & PHYSIC 23d. LOCATION OWIT 1858 WIMI	Balto. mi	10/f2 1Md



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) November 14, 1986 ROSALIE LOFHR FRANCES 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH 06/27/20 66 White Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COLINTRY Baltimore City USA Maryland DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWOLK At Home 3417 Hudson Street Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? Baltimore 130. STATE 13b. COUNTY 13.53 417 Hudson Street 21224 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Gregory Bonkoski LAST MIDDLE Louise ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3417 Hudson Street 215-05-0540 William M.Loehr APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OF TOWN STATE NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from 0/10

22b. SIGNATURE

sow the deceased alive on.

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in the opinion death occurred on the date and four and from the causes stated

22c. DATE

22d. PHYSICIAN'S NAME (TYPE ORPRINT)

Burial

23a BURIAL, CREMATION, REMOVAL

above, (1) (we) (did) (did not) view the body after death

FRANKLIN SOUNCE DR.

24. FUNERAL DIRECTOR

(SPECIFY)

Chas.S.Zeiler & Son Inc.6224 Eastern Ave.

1/18/86

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Julia Davidson Pandall

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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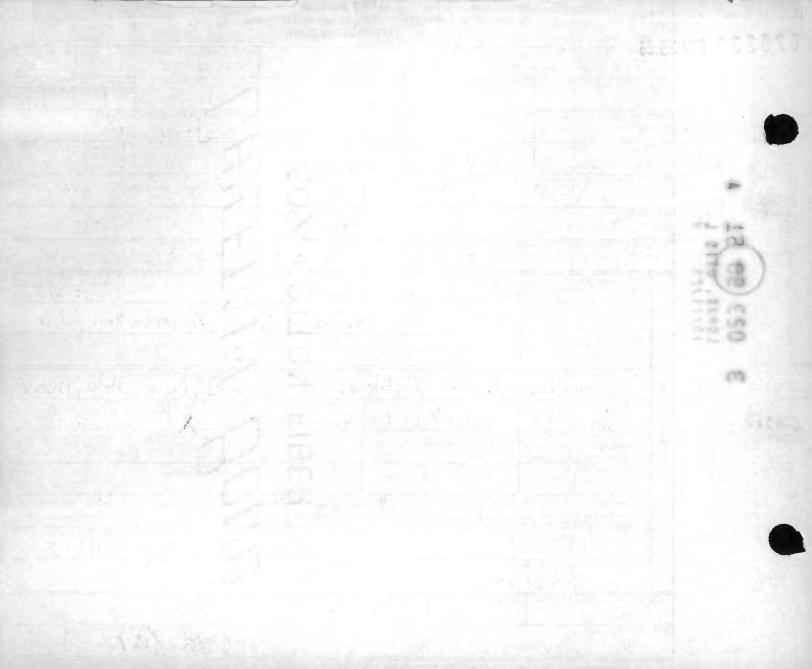
BURDAL TIPERS FAMILY LOT NOTTERS & SONS TUNERAL HOME, INT. 2501 UNDONE FAILS FROM , MALETINGE, MD. 21216

LENGER CO., N. CANGERN

WAR OF STATE

025339 NOV	1-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL H	REG. NO.	5 1 4 5 4
		CE SED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR A
nay be page 3	(TYPE	OR PRINT)	s L.	LO	MAX	NOVEMBER 2	5, 1986 2:58 _M
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d or	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
by the	1	BALTIMORE	THE JOHNS		NS HOSPITA	AL LABORER	KING LIFE) INDUSTRY
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SALTIMORE,	160. V		ARMED FORCES? 166. SOCIAL SIVE WAR OR DATES) 21516	SECURITY NO.	JULIETTE	ADDRESS LOMAX 2858	E. FEDERAL ST.
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		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF			
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Ditter Diversion of Health		saw the deceased alive o	pital) attended the deceased on 1125	CZ	nd that in (my) (aur) apini	ian death accurred an the date ar	, 19 , that (I) (we) last and haur and fram the causes stated
AL OR AL the hosp AL DIREC detoched to be Dept.		22b. SIGNATURE	M.	0	DEGREE ATTENDING PHYSICIAN		27c. DATE SIGNED
TO HOSPITAL etoined by the TO FUNERAL should be det with the Store IMPORTANT:		22d PHYSICIAN'S NAME	temberg		Johns	Hopkins Hosp	
7 6 - 2 2 4	23o E	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATOR	CITY OR TOWN	COUNTY MT STATE
BP		JRIAL	11 28-86	MT. ZI			MD
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	ADI	DRESS		DATE REC'D. BY REGISTRAR 256P	A Marie E
(VRA 15, 4)	M	ARCH FUNERAL	HOME 1101	E. NOR	TH AVE.	VOV 2 6 1986 8	ulia Devideon Randell

STATE OF MARYLAND



	1	REGISTRA			MIDDLE		ICATE OF DEATH	REG. NO		Y YEAR	28 HOUR -
oge 3		TYPE OR PRINT)	MA	ARIE	R.	L	OMBARDI	November	4. 19	986	8:00
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Poge:	1	60. WAS DECEA (YES, NO OR UN		ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU 216 24		James J.	Lombardi,		1D	7
ding physics or removal.		18 CAUSE PART I		er only one cause pe LUSED BY: DIATE CAUSE (o)	r line for (a), (b), on	CV	D			BETWEEN	IMATE INTERVAL ONSET AND DEATH
death attendave co			ns, if ony, which	(d)	R AS A CONSEOU	ENCE OF					
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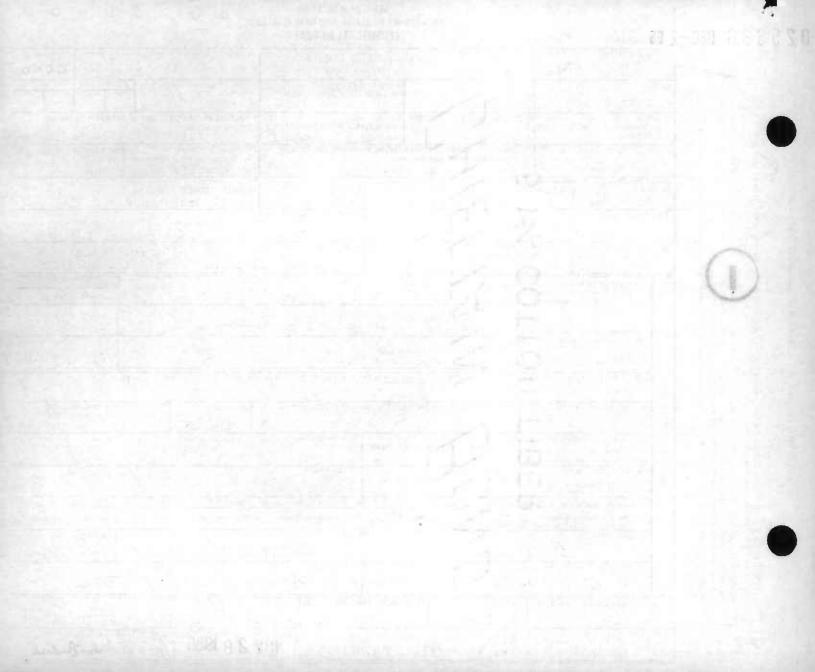
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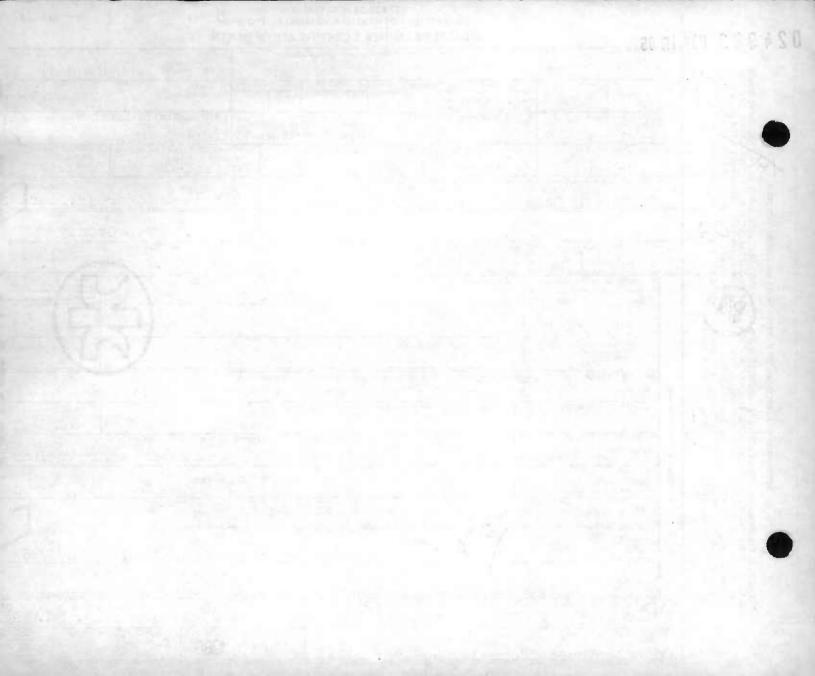
(VRA 15, 4)

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euth Por	2	7a. B	RTHPLACE (STATE OR FOREIGN ON	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Balt	imore	OF DEATH City	MD.
11 11 1	14	10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			BUSINESS OR
100	10		Baltimore		nes Hosp			Housewife		Home	
AND 21	35		AL RESIDENCE IF NURSING HOME OF TATE 136 COL		Baltimor	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 417 Drur		212	2.9
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BALTIMORE, MARYLAND 2120 THE DE-EXECUTED WITHIN 24 hours THE DESCRIPTION OF THE HING HIND THE PROPERTY THE HING HIND THE PROPERTY THE HING HIND THE PROPERTY THE HIND THE PROPERT	1	(MAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G		301-09-	RITY NO.	17 INFORMANT A Barbara S	ADDRE 41	5 Dru	ry Lane	
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N. PRESTON ST., by the death certified by the attending one remove corron			Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE	EM NCE OF	BLEED SION			37 12	YEARS
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DHMH - 16 60M 7. (VRA 15, 4)	/84	24 F	uneral director Proy _{ame} M. & Russe 30 Edmondson A	11 C. Wit venue,Cat	zke Fune onsville	ral H	omes P.A. 256 DAT NO	V 2 8 1986	Julia ,	Colden	IRE fondale

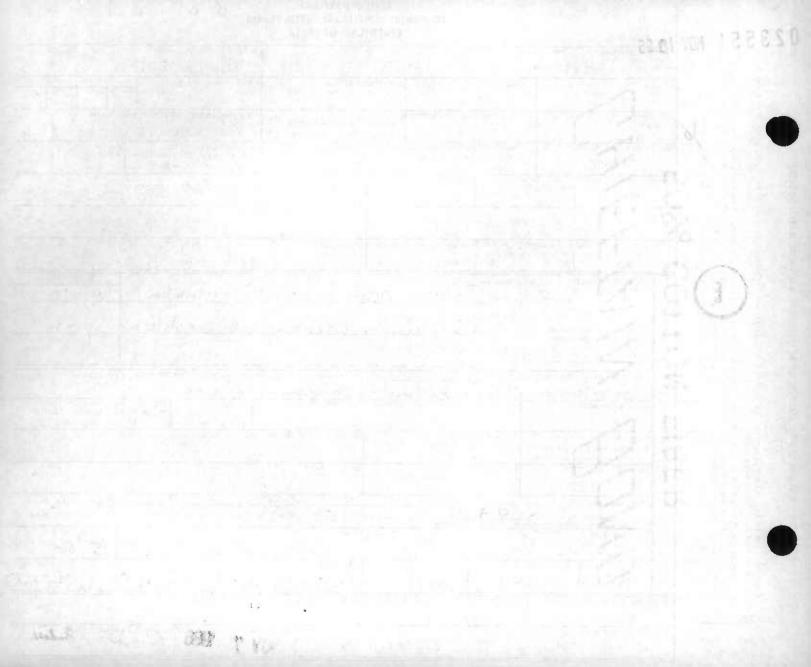
STATE OF MARYLAND



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X FEGURAS	13a. S	TATE	Dag Dag	Y AF		nestea		YES TO NO	MITS? 13e. S	24AInc	ss Jepen	denc	1//	-	
AD. 2. 1. F. 2. 7. 2. S. H. 7.	-	THER'S NAME	1 Dat		1101		-	IS MOTHER'S		ME					=
TES EST	(Charles		P.		Lucas		Cathe	erine	M.	DDLE	C	roney	7	
A SA	16e V	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	16h SO	CIAL SECURIT	Y NO.	17 INFORMAN	T		ADDRESS				
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3. PAGES 1 ACM 2 2. WISSON OF WALL	(Y	ES, NO, OR UNKNOWN]	WW _	WAR OR DATES)	21	4-16-3	3005	Michae	el Lu	cas 60	2N.L.	akew	Aboo	7E.	
SEASO				ly ane cause per line	far (a), (b), and (c),)							APPROXI	MATE INTERVA	L.
15 9 S	0	PART I DEATH	WAS CAUSE	D BY: TE CAUSE (a)	, ,,		bdomi	nal Tra	auma				BETWEEN	INSET AND DE	ATH
O COMPANY	/	8/60	IMMEDIA		AS A COI	VSEQUENCE (OF				02314				_
- E E E			if any, which	(b)											
N TRING	11	cause (a) sta	ta immediate ting the <u>under</u> -	< 1~/	AS A COI	NSEQUENCE (OF.					10		7	
NA EXA		lying cause le	ast.	(6)									-1		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PELIDING" IN PEN RESED TO THE CHIEF MEDICAL EXAMINETERS ES SHOULD BE USED AS A BURRAL TRANSF E DEPARTMENT OF HEALTH AND WENT		PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERM	INAL DISEASE	OR CONDITION GIVE	N IN PART 1 to						=
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NER SE						arrayes.						310142			
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DC 0000 MMH - 17	24. F	JNERAL DIRECTO	2	ADDRESS				25a. E		BY REGISTRA	7				
77 77 (VR (15 ME (5))	C	onnelly	Funera	lHome 3		ceAve	. 212	221	((IV 1	8 1986	Alia	Dire	اعتاب أرقع	A town	



02055	FOR 1 - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	31467
	REGISTRAR REGISTRAR FIRST	WIDDIE	LAST	REG. NO. 2a DATE OF DEATH MONTH	DAY YEAR 2b HOUR
	(TYPE OR PRINT)			Printed to the second s	
noy be poge 3	Lillia	4. RACE	Lucas Ts. date of Birth	November 5, 1	IF UNDER I YEAR IF UNDER 24 HRS
s offer, p	s.sex Female	-Black	MONTH DAY YEAR	76YRS.	MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	
deoth. funeral thin 72	/ D.C.	USA	WIDOWED DIVORCED	BALTIMORE CIT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
offer of the	BALTIMORE	(IF NOT IN SUCH EACHTY GIVE STREET 416 EAST 22r	NG HOME OR OTHER INSTITUTION TADDRESS TO STREET	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR IFE) INDUSTRY
ND 212 24 hour filled in I sold be f	USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 13c. CITY OR TOY Baltin	RE ADMISSION) NN 13d INSIDE CITY LIMITS? 10°C YES NO	136 STREET ADDRESS / ZIP COD 416 E. 22nd	St. Rd. 2121218
within within d 2 should see	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vired and completely filled in b and completely filled in b and completely filled in b and conditions on a strongle fill and collected filled in b	Peter 16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT Zab	eth ADDRESS	Whitaker
WILL SO SE	No	215-16	-5540 Marion B	aker 5914 Sta	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certificated physician. We require that this certificate has been signed by the bittern on as the buriol-tronsit permit. Then please remove the permit and Americal Hygiene prior to buriol, cremation orked or them. It is shown any injury, or other troum and the permit and	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO CONSEQUENCE TO CONSEQUENCE TO CONTRIBUTING TO	lerence Govonary	vascular discar	WEN IN PART I IO
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TENDIN ortal or of TOR: Aft or use os or use os or use os or use os	22s I certify that (I) files has	pital) attended the deceased from	, 19, and that in (my) (aur) apinian	death occurred an the date and ha	, 19 tha (1) we) last
TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIREC swith the State Dept is the MOORTANT. If hem	226. SIGNATURE	Joseph K	OFFICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	122, DATE SIGNED
refeire 10 FL should with th	230. BURIAL, CREMATION, REMOVA	SEP4 Clm 11 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	1/23d LOCATION	St, Kalto M)
BP	Burial	11/10/86	Arbutus	5 3 .	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR March Funeral H			TE PEC'D BY PECK TRAPISC PECIS	TRANSGIGNATUR



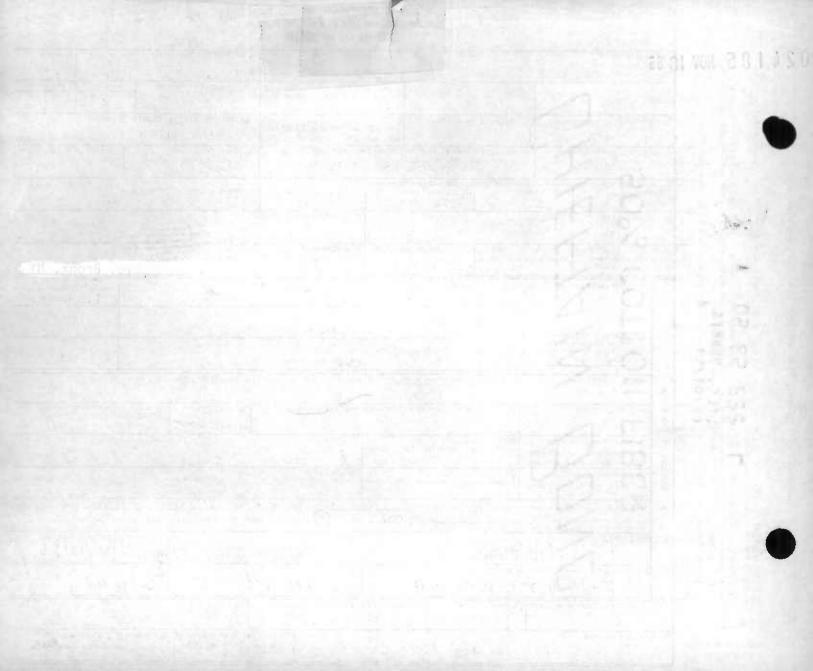
			FOR STATE			DE	STA		MARYLAND H AND MENTAL	L HYGIEN	6	3	-, 6	3
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	REGIE GIE	3. SE)	4 RAC		5. DATE OF BI		6. AGE (IN Y	EARS IF UN	NDER 1 YR. IF UND		DATE	MONTH		74 HOUR 5:50
	FANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SOULD BE FILED, WITHIN 72 HOURS RECORDS, 201 W. PRESTON STREET,	1000		casian	Feb.		1915 71 Y	RS.	THS DAYS HOURS		DEAD DEAD	11	/ 11/1986	D W
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	SEB SEB	ID. C	TY OR TOWN OF DE	ATH			TAL, NURSING HOM	E, OR OTH	HER INSTITUTION		L OCCUPATION ST OF WORKING LIFE)		OR INDUST	JSINESS RY
10) SEARCH	Ba	altimore				k St.			Labo			Steel Ir	
5	AND	USU/ 13a, S	L RESIDENCE (IF IN NI	ITSING HOME OF			RESIDENCE BEFORE ADMISS	ION)	134 INSIDE CITY LIMITS	112 STORE	T ADDRESS			
2120	AN A		aryland			-	Baltimore		YES X NO	1924	Bank St	reet	#21231	
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E C	A AS A SELTH	CERTIFICATION	Chronic 19a. DATE OF OPER	Obstru	ctive .	Puln	nonary Dis	ease	VAS BEREORMEDO				In Autoria	-
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0	TA THE TANK						MONTH DAY YEA	R ZIC H	IOW INJURY OCCUP	RRED (ENTERNA	TURE OF INJURY IN ITE	M 18 PART 1 OR I	PART 2)	
o vo	G THE CARE	MEDICAL	UNDERLYING CONTRIBUTING			P.M.	19							
NIS	OED SEP	WED	21d. INJURY OCCUR				INJURY (AT HOME, ry, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY	STATE
۵	THIS CE WARDE WARDE PAGE 3 STATE DI 21201 (1	AT WORK AT V	VORK										
	NER: THIS CERT CATE, WRITING FORWARDED TO TOR: PAGE 3 SH THE STATE DEP/ AND, 21201 PRI		22a. 1 certify that	I took charge	of the remain	s descri	bed abave, held an	Autop	psy , Inspec	tian .	Inquiry X	and in my	opinion	
	NE FEE		death resulted from	n: Nature	ol courses X	. A	ccident . S	vicide	. Hamicide	Undeter	mined manner	7.		
	ARY ARY			-	101	1			TITLE (SPECIFY)			WE 4		
	H. A.		ACTUAL SIGNATURE	X	18	V		A	A.D. Assista		AL EY AMINIED	DATE	E 11/12	2/86
	SET SEE	X								MEDIC	AL EXAMINER	3101	VED	
	THE SHE	+	(TYPE OR PRINT)	Greo	ory R.	Kau	uffman, M.	D.	_ADDRESS	111 Pe	nn St.			
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PY AFTER DEATH, WITH THE STABLE BEALTHWORE, MARYLAND, 2	23a.B	URIAL CREMATION,				23c. NAME OF CE			73d LOC				
07/84		1	Burial	1	1/14/86	6	St. Stan	isla	is Cemeter	CITY OR	timore (City.	STANDO	TATE
25M	-	-	UNERAL DIRECTOR		- "		1000			TE REC'D. BY R	EGISTRAR 256 F			
	DHMH - 17 (VR A15 MF (5))	Co	NAME OTTO A TITO	hor &		DRESS	-705 S. Ar	in St.	. NI	NV 13	1986 1	lia Nin	don Pardas	

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25958 DEC	3	OR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	3 4 0
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3	(ITPE	James	s Arnold	Lusby, Sr.	November	27, 1986 2:30 M
E od .	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	/	Male	White	July 11, 1918	68 YF	MONTHS DATS HOURS MIN.
a 31 86	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
dept		Maryland	USA -	WIDOWED DIVORCED	Baltimore (
Filed the	10. C	Baltimore		rsing home or other institution re General Hospital	Production Control	12b. KIND OF BUSINESS OR INDUSTRY Civil Service
24 hours	13a :	STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BI DUNTY 130. CITY OR T e Arundel Miller	OWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE
within within d 2 sta		ATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN N		ourt 21108
b om Do	-	Harry	E. Lusby		G.	Mattengley
ond co		VAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	(MI	fe) ADDRESS	C 12
ers. F	<u> </u>		only one couse per line for (a), lef	.8409A Mrs. Betty L	. Lasby	Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Posts certifice		PART I. DEATH WAS CAU	DUE TO, OR AS A CONSE	OUENCE OF WIR MIN	Leonha	ans
that the deby the ease recol, creming or ather troo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF	3	,,,,
equires in signer Then pl r to bury, o	NO	PART 2. OTHER SIGNIFICANT	conditions contributing	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
he law ion. has been in permit in permit.	CERTIFICATION	190 DATE OF OPERATION	Sub A	Chare a DSCO	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
CLAN: 1 9 physic pertificate ol-trans ntol Hyg em 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
G PHYSI ottending ter this ce s the burn and Me	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	211. LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN to for OR: Aft or Use of if Health		22a. I certify that (I) (the has	spital) attended the deceased to		2 , to //- 77- n death occurred an the date and	hour and from the causes stated
OR AT he hosp DIRECT oched for Dept. o		above, (I) (wor lote) idid	not view the body other death.	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Stote		22 PHYSICIAN'S NAME (TYPE			DIRECTOR PHYSICIAN D	11-4 1-06
TO Ho should with IMPO	23a. E	SURIAL, CREMATION, REMOVA	AL 23b DATE 2	30 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	(Burial	Nov. 29. 1986	Glen Haven Mem. Parl	k Glen Burnie	A A Co. Md.
DHMH - 16 60M 7/84	24. FL	INERAL DIRECTOR 11-1	3 //mancon al Home Glen B	75n D.A	TE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
(VRA 15, 4)	S	ingleton Funer	al Home Glen B	urnie, Maryland	Julia	Devideon-Randace

1, OEL & 1300

	1.	FOR - STATE REGISTRAR	DEPART	STATE OF M MENT OF HEALTH CERTIFICATE	AND MENTAL HYG	IENE 8 6	3 1	and 1
185 NOV 1	1.9	DEASED NAME FIRST	MIDDLE	LAST				EAR 26 HOUR A
poge of	P	DENN	IS	LYLE		NOVEMBER 1	3. 1986	1:22
mo,	3. SE	X	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1	
oge 4		Male	Black	7	1899	87	YRS.	DAYS HOURS MIT
unerol di nin 72 ho		IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY?	WIDOWED \	EVER MARRIED DIVORCED		ORE CITY	TH/
by the filed with	di	ITY OR TOWN OF DEATH BALTUMORE	11. NAME OF HOSPITAL, NURSII THE JOHNS HOPE			TYPE OF WORK OF MOST O		IND OF BUSINESS C STRY
filled in mould be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE MD	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV Baltimo	VN 13d IN	SIDE CITY LIMITS?	13e STREET ADDRESS /		e. 21202
De de la	14. F	ATHER'S NAME Willie	MIDDLE LAST		THER'S MAIDEN NAME FIRST	ME		Cole
n ond cor Poges		WAS DECEASED EVER IN U.S. AR		JRITY NO. 17. INF	ORMANT	ADDRE e 1115 E.		
rificate by Thysicion on popers. emovol.	7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (0), f(b), or D BY: Car	nd/c1.1	rest		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEA
deoth ce		Conditions, if ony, which	DUE TO, OR AS A CONSEQU		monia		2	.4 hrs
the state of the s		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF as	nva 42m		2:	this
Then ple	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT Iro
ho be low r	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES [
SICIAN: TI ng physicia cert icote uriol-tronsit ental Hygi		710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PA	RT 2)
ottendin ter this of s the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		STREET	CITY OR TO	wn COUN	STATE STATE
TTENDIN pitol or TOR: Af for use o of Health		sow the deceased alive on	ottended the deceosed from 11/13	86, and that	n (my) (our) opinion	death occurred on the de	te and hour and fro	tho (1) (we) m the couses stated
TAL OR A y the hos tal DIREC detoched ore Dept.	1	226. SIGNATURE Wederich M	Alessee up	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F. / 1	DATE SIGNED
TO HOSPITAL etoined by 11 TO FUNERAL should be det with the State IMPORTANT:		220. PHYSICIAN'S NAME (TYPE OF THE CONTROL	M GESSMER MD		600 N. W.	olfe st	Balton	d.
BP——BP——BP——BP——BP——BP——BP——BP——BP——BP—	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		astview 1	NY OR CREMATORY Mem. Pk.	23d LOCATION CITY OF TOWN Baltimor	e	MD
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director m. °C. March F/H	, Inc. 1101 EPRESS N	lorth Ave		E REC'D. BY REGISTRAR	256 REGISTRAR'S SIC	



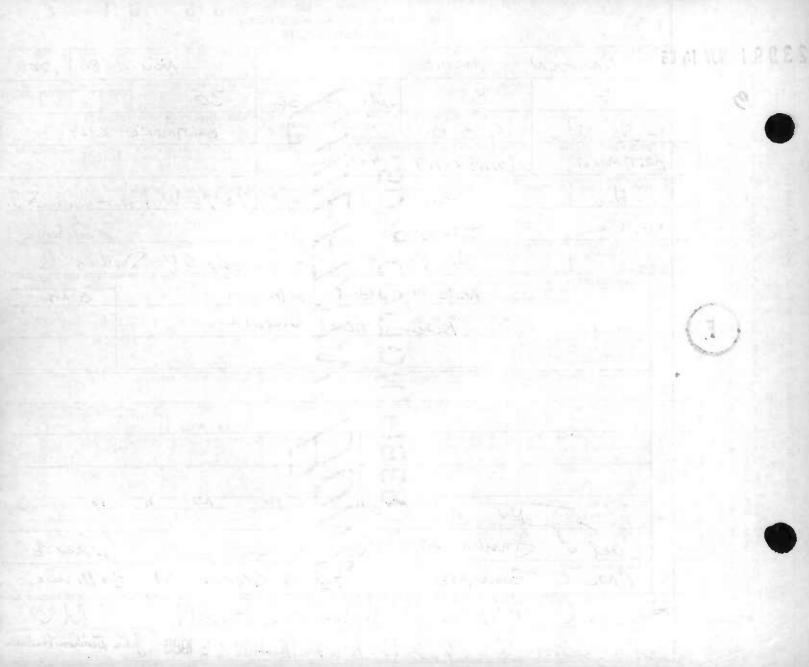
1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 8 6	314/2
1006	CEASED NAME FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
bode 3	GRACE R.	MASEE	11-1	15-86 5:00 M
3. S		S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
ge 4	F WHITE	9 25 1916	70 YR	S
d 70 g 70.	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY)	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
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by the filed with		AL, NURSING HOME OR OTHER INSTITUTION CONESTREET, ADDRESS) LURLEV ST.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
€ e ≥ . 6		DENCE BEFORE DMISSION) Y OR TOWN 113d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CO	
ed within letely on d 2 sho	FATHER'S NAME FIRST MIDDLE FOR	IS. MOTHER'S MAIDEN NA		7
A Transit	(YES, NO OPUNKNOWN) (IF YES, GIVE WAR OR DATES)	CIAL SECURITY NO. 17 INFORMANT -05-3528 DALLENE SM	ADDRESS 400 5. (GRIMES 21224
N. The low requires that the deatl ysicion. Onsit permit. Then please remove c. Hygiene prior to buriol, cremotion, 8 shows ony injury, or other troums CERTIFICATION.	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	CONSEQUENCE OF CONSEQUENCE OF JTING TO DEATH BUT NOT RELATED TO THE TERM OR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
hos per			YES NOT	RTIFYING CAUSES OF DEATH? YES □ NO □
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JG PHY9	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	IRY ORY OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN TTOR: Af for use of A Heolti	270.1 certify that (1) (this hospital) attended the deceaded saw the deceaded alive an (///) above, (1) (we) (did) (sid no) view the body attended		deoth occurred on the date and	, 19, that (P (we) last hour and from the causes stated
ITAL OR A by the hosy the hosy of the hosy	22b. SIGNATURE	DEGREE M/ ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	11/15/86
O HOSPITAL TO FUNERAL should be det with the State	BAYANI B. ELML		n Any Bue	4 2224
BP	BURIAL CREMATION, REMOVAL 236 DATE 15 BURIAL 11-18-86	SAC. HEART OF TESUS	23d. LOCATION CITY OR TOWN	BALTO. CO- MD.
DHMH - 16 50M 4/B3 (VRA 15, 4)	FUNERAL DIRECTOR THOMAS T. SKEPDA 3	ADDRESS HONSON ST. 1250. DAI	E REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE

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4251 NOV 18	96	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	3 4 / 3
moy be poge 3 er deoth		CEASED NAME FIRST JAC	e B	14LIN	20. DATE OF DEATH MONTH	11 1986 943 PM
ge 4 mo) ector, po	3. SE	MALE	CAUCAS HN	5. DATE OF BIRTH ***********************************		MONTHS DAYS HOURS MIN.
ment dir		RTHPLACE (STATE OR FOREIGN COUNTRY) GERMANY	7b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	0 BALI	6 CITY MD
10 Ny 14 17	10.C	BALTO MO	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE AT LEE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SALESMAN	12b. KIND OF BUSINESS OR INDUSTRY TAIL
BALTIMORE, MARYLAND 21201 cote be recured than 24 hours you con that coldinary filled in by your Potest gan 2 should be fi well. If, the medical accommon much broad	13a. S	AL RESIDENCE (IF NURSING HOME O STATE IARYLAND	NTY 13t. CITY OR TOY BALITI	MORE 136 INSIDE CITY LIMITS	7000 BOAFORD	RD. #21215
MARYL	14. F/	BEN ZION	MALKIN		INAH MIDDLE	UNKNÖŴN
IMORE,	160 \	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC 219–30–		s.Henry Malinge ord Rd. Balto.	MD 21215
를 중요일을			inly one couse per line for ja), (b), o ED BY: ATE CAUSE (a)	lac + Respira	ton arrest	APPROXIMATE INTERVAL BETWEEN QUSET AND DEATH
W. PRESTON ST at the death cert by the otherding to sendion, or res other traumatic e-		Conditions, if ony, which gove rise to immediate couse [o], stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	JENGE OF Pourries	: ocuta II. bles	ed I day
201 med th ruples nurial, y, arr	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low regen r attending physician. there is a series of the series of the buriol-transit permit. Then the and Mental Hygiene prior to be as the buriol-transit permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
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AL OR A the hos AL DIREC letoched or Dept.		22b. SIGNATURE	anuel Lein	DEGREE ATTENDIN PHYSICIA	IG MEDICAL STAFF	
TO HOSPITAL TO FUNERAL should be dere with the Store		MANUEL	EVIN -M.O	6101PK	Hors AUE BALA	6 MP 21215
BP	230	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	OWN BALTO. MD
DHMH - 16 50M 4/83		UNERAL DIRECTOR SOL	LEVINSON & BROS		DATE REC'D. BY REGISTRAR 35 R	EGISTRAR'S SIGNATURE



	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 S	14/4
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Oge 4 mo	3. SE	F	1 RACE B	5. DATE OF BIRTH Solity 14 S6		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
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by the filled with inoutified	B	TY OR TOWN OF DEATH	UNIVERSITY	ADDRESS SPITAL	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
in 24 hour in 24 hour in 24 hour in 24 hour in in 24 hour in in a ser must be	130. 3	TATE MS 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		130 STREET ADDRESS / ZIP CODE	21223 S
MARYL,	14. FA	THER'S NAME	MIDDLE SANOS	15 MOTHER'S MAIDEN NA	ME MIDDLE	Cohhan.
BALTIMORE, tote be execu-			MED FORCES? 166 SOCIAL SECT (F WAR OR DATES) 2/2-74	5 190 Centres Sta	ADDRESS WOSS 240 D	ullus Cs.
or., BALT		PART I. DE ATH WAS CAUSE	olly one cause per line for (a), (b), or D BY: TE CAUSE (a) Acute Ma		fin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
res that the death ce need by control of please remove computed in the manage.		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) Scheme (c) CONDITIONS CONTRIBUTING TO	ne Heart Sipe		N IN PART Just
AL RECORDS, : he law require an. hos been sign t permit. Then t erre prior to bu	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED /ING CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offer this certificate has the buriol-transite in and Mental Hygier than defend or them 18 show orked or them 18 show		2)0, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	THE STATE OF THE S	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)
DIVISION DING PHYS or ottending After this or e.e.os the bur offth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME_STREET, FACTORY, OFFICE, I	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDITION OF CTOR: A derive of Health		22a.1 certify that (1) (this bospi saw the deceased alive an above, (1) (wer (did) (did no	tal) attended the deceased from 19	X (9	death accurred an the date and haur	9, that (I) (we) last and from the causes stated
AL OR the hour DIRE etochece etochece if the Depti		226. SAGNATURE	Innuast	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Stote		22d PHYSICIAN'S NAME (TYPEO	Tours So		Greene 8t.	Ba thinne
BP	×	URIAL CREMATION, REMOVAL	11/15/86 12 12 12 12 12 12 12 12 12 12 12 12 12	A PLANTERY OR CREMATORY	23d LOCATION	COUNTY MSTATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	NEGAL DIRECTOR OM	A 1700 ES	W. Warks Le	E REC'D. BY REGISTRAR 256. REGISTRANDV 1 3 1986	AR'S SIGNATURE Rendals



must be patitied at once

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOV	DEPARTMENT OF HEALTH AND MENT AL HYGIENE CERTIFICATE OF DEATH REG. NO.											
		CEASED NAME	isqual		MIDDLE	Mar	ina	November 18, 1986 2b HOUR 11:11				
	3. SEX			4. RACE White	5. Date of Birth Oct. 22, 1905 YEAR		6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS TO THE PROPERTY OF TH					
97	Ba	RTHPLACE (STATE OR COUNTRY). Italy	7	U.S.A.	WHAT COUNTRY?	WIDOWE		Baltimore City, Maryland MD.				
15	Ba	ity or town of DEA		Good S	amaritan	Hospi	tal	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INDUSTRY				
35	13a. S Ma	AL RESIDENCE (IF NURS STATE L ryland	13b. COUN		Baltimon	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗍	13e.STREET ADDRESS /		2123	59	
2	Sa	ATHER'S NAME FIRST Verio		MIDDLE	Manna		15. MOTHER'S MAIDEN NAMER FIRST Gioavanna	WIDDLE		cciard		
1		VAS DECEASED EVER YES, NO OR UNKNOWN)	MED FORCES? E WAR OR DATES)	AR OR DATES)			ADDRESS ana 4302 Walther Ave. 21214 APPROXIMATE INTERVAL BETWEEN ONSETT AND DEATH					
	NO	Conditions, if ony gove rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	mediote ng the lost.	(b) DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MALDISEASE OR CON		N IN PART 100	0	
9	CERTIFICATION	190 DATE OF OPERA	TION	196. CONDITION FOR WHICH OPERAT			N WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
9					FINJURY M. MONTH DA M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
The state of the s	MEDICAL				OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET			CITY OR TOWN COUNTY STATE				
2		22a certify that (1) (this hospital) attended the deceased from										
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS 226. ADDRESS										
		Walter H	B. Kop	pel, M.		11.115.05.6	1900 E. Nort	hern Parkwa	y 212	239		
	I	Burial, CREMATION, Entombment	REMOVAL	23b. DATE 11/22/			emetery or crematory ly Redeemer Co	m. Baltin			aryland	
/84		Leonard J.	Ruck	Inc. I	Baltimore	, Mar		E REC'D. BY REGISTRAR	ZOB. REGISTRA	ar's signat	UKE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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		FOR		D	EPARTMENT OF	HEALTH	AND MENTAL H	IYGIENE)	0	9 1		0
		STATE REGISTRAR		MED	ICAL EXAMI	NER'S C	ERTIFICATE O	F DEATH	REG. N	0.		
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	150	40-	Ira		В。	M	angum	O	ESTI-	11-9	1986	44
PLEASE RECTOR. R FILES. HOURS STREET,	1.5E)		4 RACE	5. DATE OF BIRTH	6. AGE (IN)	EARS IF UN	DER TYR. IF UNDER			MONTH DA		12:49
OUR SIZE	I	Male	White	MONTH DAY	YEAR LAST BIRTH	- mon	S DAYS HOURS		AD AD	119	1986	12:49 p. M
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N P P P P P P P P P P P P P P P P P P P	10. CI	ITY OR TOWN (OF DEATH	11. NAME OF HOSE	TTAL, NURSING HOA	AE, OR OTH		120 USUAL OC		E OF WORK 12b	KIND OF BUS	
A FEBRUARY	1	Baltimo	are	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS	1		FOR MOST OF			OR INDUSTR	Y
NO DEL	USU				tiac Avenu			Surb	fitter	Ψ.5	S.C.G.	
8 39E39	lan S	TATE	13b. COUN	TY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADI		(01	2251	
- AGE	100	Maryla			Baltimore		YES X NO		ntiac A	ve. (ZI	.225)	
H-395	17.17	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	
38 380 C	4	Joh		450.500.550	Mangum	ITY NO	Sara 17. INFORMANT	an	100000	Grim		
1 8885		ES, NON BUNKNON	EVER IN U.S. AR/	WAR OR DATES)					ADDRESS	Ma.,	21122	
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BASSES.		lying cous	<u>e 1031.</u>	(c)								
AN PROPERTY	1	PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE 1E	MINAL DISEAS	OR CONDITION GIVEN IN PA	RT 1 a				
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平台声.	13	190 DATE OF	OPERATION	196 CONDIT	ON FOR WHICH OPE	RATION W	AS PERFORMED?			20	AUTOPSY?	449115
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3 NO 4	1 8		L CAUSE WAS	21b. TIME OF	MONTH DAY YE	21c. HC	OW INJURY OCCURRE	D LENTER NATURE O	F INJURY IN ITEM 18	PART 1 OR PART 2)		
200	13	UNDERLYING CONTRIBUTION	NG CAUSE OF I		19							
DESCA	MEDICAL	21d INJURY O			F INJURY (AT HOME, DRY, FARM, ETC.)		CATION		TOWN			
846	2	WHILE AT WORK	NOT WHILE	3 STREET, PACTO	MI, TARM, ETC.	,	THE CO	CITY OF	TOWN	COUNTY		STATE
25.0	1			()	21 - J - b - 1 1 1 1		sy , Inspection	VV .				
る記書			/	e of the remains desc		Autop			·	nd in my opinion		
A HE WAS		death resulte	Matur	ral causes XX	Acciden L., S	uide _	, Homicide .	Undetermined	monner			
WANTED ST		ACTUAL /	40000	11 / 75	Bully	1811	Assistant	- 100mman =		DATE SIGNED	11-10	.86
THE BEST	1_	SIGNATURE_	un	wys	July	FERE	adparateur.	MEDICAL EX	AMINER	SIGNED	11-10-	00
FUNERAL FUNERAL TER DEATH.	4	EXAMINER'S	NAME Denn	is F. Smyt	h. M.b.		111 P	enn St.	Balto	. Md.	21201	
PAGE ASTE BALT	22.5	(TYPE OR PRIN	ION, REMOVAL 2				ADDRESS	123d. LOCATIO		.,		
D. 10- 47 ED	/3a.B	Burial Burial			23c. NAME OF C			CITY OR TOWN		COUNTY	STA	TE
_		UNERAL DIREC		11/12/86	Cedar H	III Ce		REC'D. BY REGIS	yn Pk.,	A.A.Co.	Mary	Land_
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/R A15 ME (5))	G	eorge J	. Gonce,	4001 Ritch	ne Howy.	Baltim	pre MD NOV	1 0 190	aulia	Dividson	Pandas	

(21225)

STATE OF MARYLAND

			FOR			FPART	STA MENT OF		ARYLAN		VGIENE	6	3	1 4 /	8
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UZI	+351 NOV		CEASED NAME	FIRST		MIDDLE			LAST			DATE KNOW	N D MONTH	DAY YEAR	2b. HOUR
	ASE OR. JRS. JRS.			Moses					arion			OF ESTI-		111986	M
	PECTON HOLL	3. SE			5. DATE OF BIRTH	YEAR	6 AGE (IN YE)	ARS IF UN	DER 1 YR.	IF UNDER		DATE	MONTH	DAY YEAR	2d. HOUR 5:501
	ARY NOU YOU TON	7- 0	Male INTHIBLE (STATE	Black	12 14		_38 YF	RS.				DEAD	11	1119 86	6 3:301
-	SESSE SESSES	FC	OREIGN COUNTRY)		USA	IAI COUN	IKY?			VER MARRI	ED X		_	NTY OF DEATH	
	W.V.	10. C	ITY OR TOWN OF	DEATH	11. NAME OF HOSE	PITAL, NUF	RSING HOME	, OR OTH		DIVORCE		Baltimo			MD.
-	THE STORY		Baltimor		2032 Ce	CILITY, GIVE ST	REET ADDRESS)					OF WORKING LIFE		OR INDUS	TRY
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10010	A PER	130.	Md.	ISB COONT	age of a first that the first parties of the first transaction of the f		alto.	9	YES X	NO [13e. STREET .	CECTI A.	- 01.01		
	RS AFER DATH. IF ANY DELAY ISNECESSARY, PLEASE RESCRIPE DATH. IF ANY DELAY ISNECESSARY, PLEASE WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. PAGES I AND 2 SHOULD BE FILED. WITHIN 22 HOURS DIVISION OF WITAL RECORDS, 201 W PRESTON STREET,	14. F.	ATHER'S NAME FIRST		MIDDLE		LAST		IS. MOTH	ER'S MAIDE	NAME	MIDDLE	/e. /121	LAST	
9	O A P P	2	г.			Ma	arion		(Gussie				Tindal	
	FOR ION	16a. \	WAS DECEASED E	VER IN U.S. ARMI) (#F YES, GIVE W	ED FORCES? AR OR DATES)	16b. SOC	IAL SECURITY	953	17. INFOR			ADD		A TOTAL	
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0	ANSI REW REW	1.3		if ony, which to immediate	(b)										
3	UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS D MENTAL I			ting the under-	DUE TO, OR	AS A CON	SEQUENCE ()F							
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a d	HOULD BE E NO "PENDIN HIEF MEDIC USED AS A OF HEALTH RIAL, CREW	MEDICAL CERTIFICATION	19a. DATE OF OP	PERATION	19b. CONDIT	ION FOR V	VHICH OPER	ATION W	AS PERFOR	MED?				20. AUTOPSY	/2
	E SHOULD WORD "PEI E CHIEF AN BE USED AN INT OF HEA	TIFIC			3									YES 🔯	NO []
, i	RTIFICATE SI NG THE WO D TO THE C SHOULD BE PARTMENT RIORTO BU	CER	210. EXTERNAL C		21b. TIME OF		DAY YEAR	21c. HC	W INJURY	OCCURRED) (ENTER NATUR	E OF INJURY IN ITE	M 18 PART 1 OR P	4 5	140 🖸
2	CERTIFICATE ITING THE W DED TO THE E 3 SHOULD B IDEPARTMEN	CAL	CONTRIBUTING	OR CAUSE OF DE	ATH P.M.		19		Tight.						
2	CER DED DED DEP	MED	21d. INJURY OCC	OT WHILE	21e PLACE O STREET, FACTO	ORY, FARM, ET	(AT HOME,		REET		CIT	Y OR TOWN	CC	DUNTY	STATE
	WAR WAR	n,		TWORK											
	TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE. WRITING: PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALTIMORE, MARYLAND, 21201 PRIO	19	22a I certify th	hat I toak chorge	of the remains desc	ribed oba	ve, held an	Autaps	<u> X</u> ,	Inspection	, In	iquiry 🔲,	and in my a	pinion	
	AMI RECT ITH RECT		death resulted f	ram: Natura	causes X,	Accident	LJ, Sui	cide,	Hamic		Undetermin	ned manner			
	MAN, WAN,		ACTUAL SIGNATURE	111					TITLE (S	recify) istant	-		DATE	ED 11/12/	106
	NER THE		6			_). <u>_naa.</u>			EXAMINER			00
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	A77749	23a.B	URIAL, CREMATIO Burial		DATE		AME OF CEM		CREMATO	ORY	23d. LOCAT	ION	COL	JNTY 5	STATE
07/8 25M	4 BP		SUMTAT		1/17/86	B	altimore	e Cem		250 DATE D	Balte	SCIDAD 1751 D	REGISTRAR'S	CICNIATURE	
	DHMH - 17 (VR A15 ME (5))		NAMEWM. C.	March F/H	1101 E. No	rth Av	e.			NOV	14		lia Dani		M.
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02	491	7 NOV	25	STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	m #				ELIZABETH	MIOOLE		RKLEY		20. DATE OF DEATH MONTH	0AY YEAR 2	26. HOUR P		
	pod .		3.583		4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	2:15 M IF UNDER 24 HRS HOURS MIN.		
~ 1	recto urso		1	emale	caucas		MONTH	1 1	43	43 yrs. YRS.				
0	9 6 7	35	(RTHPLACE (STATE OR FORE OUNTRY) Maryland	USA	WHAT COUN	MARRIEI WIDOWE	D NEVER M.	ARRIED ORCED	BALTIMORE C:		MD.		
0	1	彩	in CI	TY OR TOWN OF DEATH BALTIMORE	11. NAME OF (IF NOT IN SUC THE	THEACILITY GIVES	JRSING HOME C STREET ADDRESS) HOPKIN			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		BUSINESS OR		
20		100		L RESIDENCE (IF NURSING TATE 13			BEFORE ADMISSION)	136 INSIDE CIT		13. STREEL ADDRESS / ZIP CODE 1527 Lester Mon	rton Crt	. 21205		
STARTA	100	100	4. FA	THER'S NAME	/illiams	LAST	ı	15. MOTHER'S	MAIDEN NAM		LAST			
MORE	and co	nedicol /	16a V	AS DECEASED EVER IN			SECURITY NO. 12 8430	17. INFORMAN	VI.	ADDRESS Ley 9875 Contee 1	20 Rd. Laur	708		
ORDS, 201 W. PRESTON ST	requires that the depth cert en signed by the arresting.	or to buriol, cremotion, or ren rinjury, or other traumatic ex-	NOIL	Conditions, if ony, we gave rise to immediate (a), stating underlying cause	hich (b)_ liote the DUE TO, O lost. (c)_ ICANT CONDITIONS C	R AS A CONS		C FAR		IN TUBE CANCER 2 OBSTRUCTION INAL DISEASE OR CONDITION GIV		12 yrs.		
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DIVISION OF VITAL RECORD	PHYSICIAN ending physic the certifical er bunol-tran	d or hem 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED	SE OF DEATH HOUR A. EXAMINER) P. 21e. PLACE	м. монтн м.	DAY YEAR 19	21f LOCATION STREET		CITY OR TOWN	ART 1 OR PART 2)	STATE		
DIVI	asptol or oth ECTOR, After d for use or th	r, af Neolth or m 21 is marke	,			1 161	1996		, 19_ <i>\$</i> 6 our) opinion o	, to death accurred on the day and hou	r and fram the co			
•	OSPITAL OR red by the h UNEFAL DIRI Id be detache	ORTANT # he		226 PHYSIGIAN'S NAMI	E (TYPE OR PRINT)	cen	mi	22e. ADDRESS	HYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE/SI	9/8C		
	TO H TO FL	IMPO!		URIAL, CREMATION, REA	BUSCE MOVAL 236. DATE		23c. NAME OF C	0	S HOP	23d. LOCATION	-, 10HC	1 110		
	BP			cremation	11/21,	/86	Loudon 1	Pk. Cren	natory	Baltimore	COUNTY	d.		
	DHMH - 16 6 (VRA 15			NERAL DIRECTOR NAME TY L. Kaufm	an 5695 Mai	n St. I	Elkridge	. Md.21	- NO	V 2 1 1986 Julia	RAR'S SIGNATUR			

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y be desith	/ (Colored Colored	REG. NO. DATE OF DEATH MONTH DAY YEAR 2b HOUR 11/6/86 09:58 M
on a mo	MALE WHITE 12/24/1919 YEAR 12/24/1919	GE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	MARYTAND USA WIDOWED DIVORCED B	ALTIMORE CITY OR COUNTY OF DEATH SALTIMORE CITY MD.
J 3740	BALTIMORE ST. AGNES HOSPITAL (TYPE)	USUAL OCCUPATION E OF WORK FOR MOST OF WORKING LIFE) A INTENENCE 126 KIND OF BUSINESS OR INDUSTRY U.S. GOV'T
AND 211	MARYLAND N/A BALTIMORE YESYLX NO 35	TREET ADDRESS / ZIP CODE 61 THIRD STREET 21225
MARY med with hand &	ISAAC MENDOSA MARSH IDA	EVELYN JACKSON
TIMONE	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (1954) OF SUMMEROWN) (1974) WWII 214-18-3131 EILEEN F. MA	RSH SAME AS #13
RECORDS, 201 W. PRESTON S in medium that the death certain uppermit. Then please remove carbon permit. Then please remove carbon paying to burial creamination or waldry injury, or other trauminatic.	02	DISEASE OR CONDITION GIVEN IN PART 1(a) 10. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN. The unrending physician free this certificate is on the found-fromit is th and Mental Hygier and decreased they are	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICALEXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AI HOME, SIREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	ES NO YES NO NO NO NOTE OF INJURY IN (IEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
DIA COMPANDA OR ATTENDING Connect by the hospital or a Could be detected for use or the tas facts Days of Medith PORTANT if then 21 is mark	22a. I certify that (this haspital) attended the deceased fram	accurred an the date and haur and from the causes stated DICAL STAFF ECTOR PHYSICIAN
01 24127 BP	BURIAL 11-10-86 LOUDON PARK CEMETER	d LOCATION RY BALTO. COUNTY A MD TO BY BALTO STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	MCCULLY FUNERAL HOME 237 FAST PATAPSCO 250 NOVE	D. OV RESIDENT STATE SIGNATURE

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

ADDRESS. A. Alan Seitz, Jr. 3818 Roland Ave. 21211

11/19/86

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

St. Mary's Cemetery Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ilea d) Kordsom o Kandatt

23d LOCATION

7b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c. DATE SIGNED

3:00 M

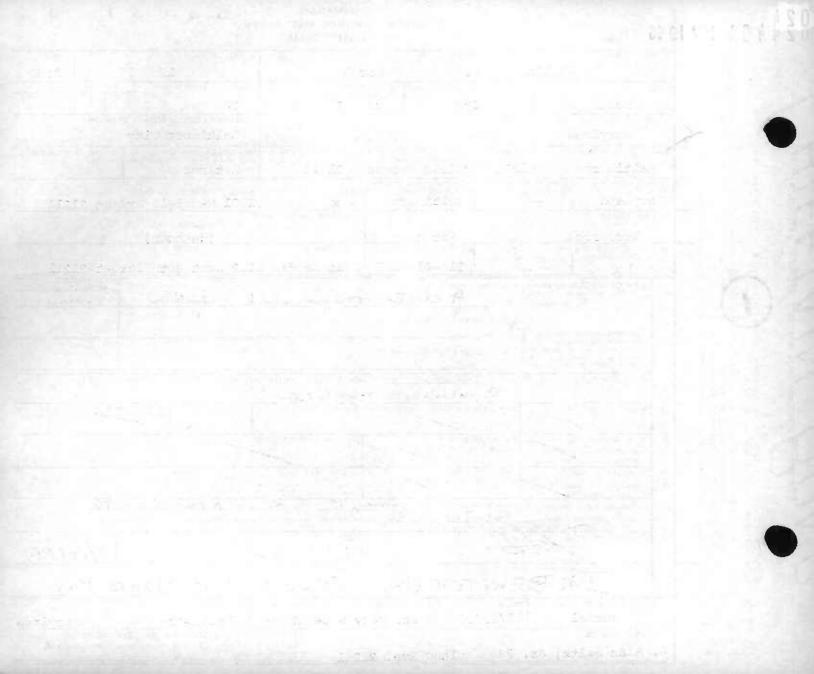
IF LINDER 24 HRS

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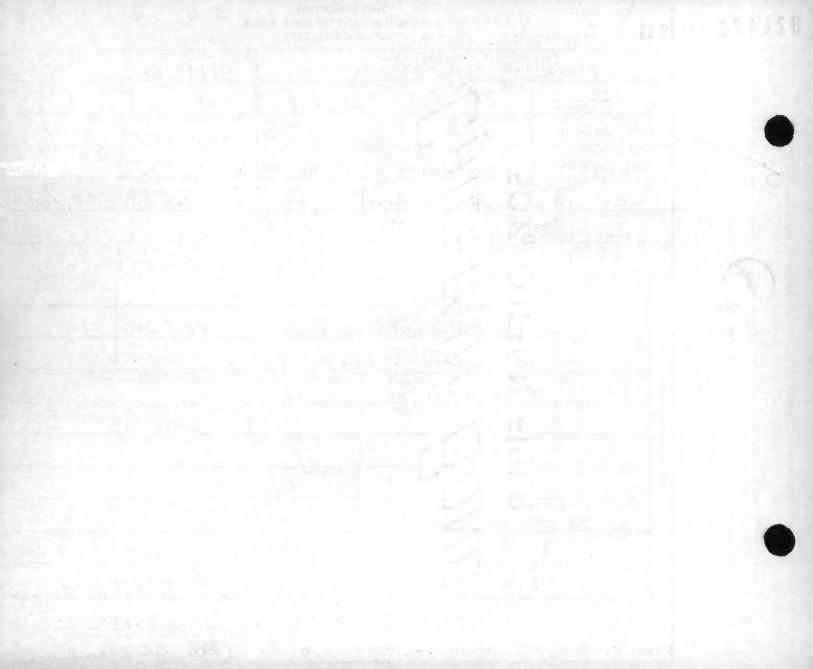
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DAYS

IF UNDER I YEAR



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ge 4 moy sefor. pag	3 SE	× F _{EMALE}	Caucas		BIRTH BIAY 18	6 AGE (IN YEARS LAST BIRTY	HDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		
Post Although Althoug		RTHPLACE (STATE OR FOREIGN 71 COUNTRY) MD.	U.S.A.	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	174 40		
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DN OF VITA TYSICIAN: Ti ding physici s certificate burial-tronsi Mental Hygi or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21s. HOW INJURY OCCURE	RED (ENIER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)			
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TO HOSPITAL retained by 1 TO FUNERAL should be defe with the Siner		22d. PHYSICIAN'S NAME (TYPE ORE	IW		UNIVERS	ITY OF 1	MARYLAN	10		
7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
BP		BURIAL	11/18/86	Meadow	ridge Mem. Pk.	. Howard	Co., Mary	and		
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director orge J. Gonce, 400)] Ritchie H	DRESS		E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNA Julia Beridian.	TURE		
(10, 10, 4)	_			7212	251	1 / 1000	Wandson.	Kandaely		



8728 Liberty Road Randallstown, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

21133

2b. HOUR

17b. KIND OF BUSINESS OR

Collectables

21207

22091

22

IF UNDER 1 YEAR

INDUSTRY

Thrush

COUNTY

22 S. Greene

Baltimore

22c. DATE SIGNED

STATE

BP DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 3. SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE ADDRESS IN U.S. ARMED FORCES' 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for sail (b), and PART I. DEATH WAS CAUSED BY della IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ASCI Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE IFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE JE 220.1 certify that (1) (this hospital) attended the deceased from ______ saw the deceased alive an and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22h, SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING /MEDICAL STAFF FUNERAL old be deto DIRECTOR PHYSICIAN 22e ADDRESS 2/2/9 MPORT CREMATION, REMOVAL DHMH - 16 60M 7/84 (VRA 15, 4)

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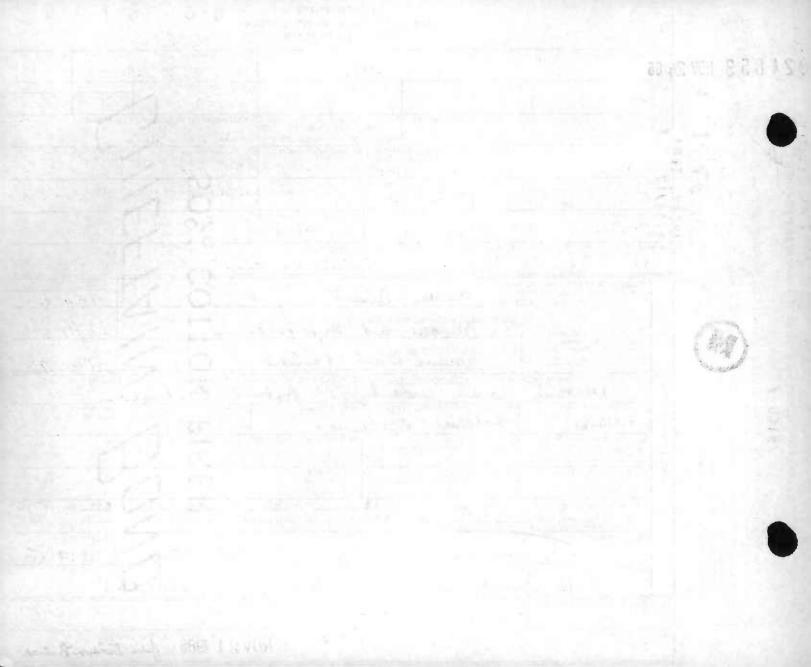
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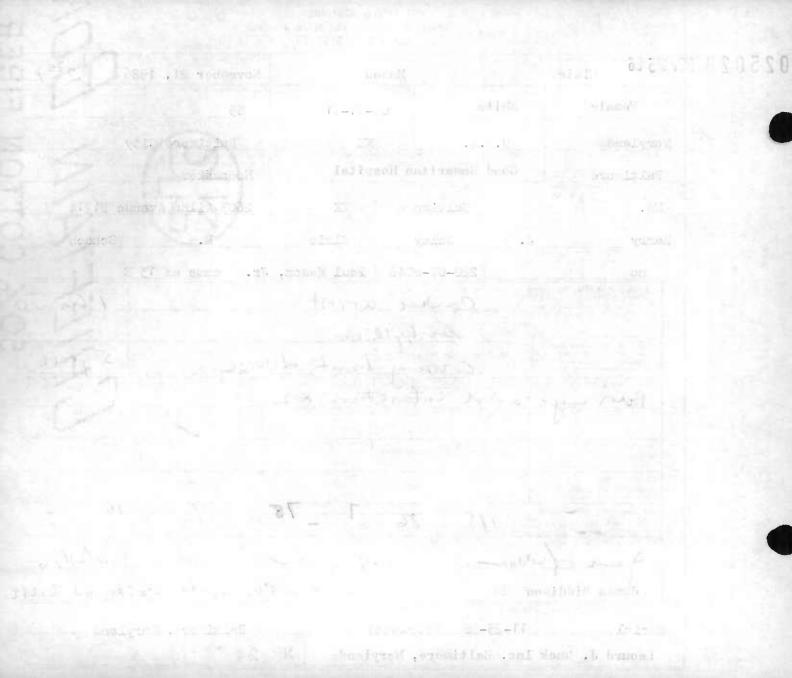
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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 25 HOUR TAPLOR PRINT E. **EMMA** NOVEMBER 19, 1986 MARTIN 7:40 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Female Black TO. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA BALTIMORE CITY WIDOWEDKT DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOOD Service INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION. 13b COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1542 Holbrook St. 21202 YES K NO F JAMBATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Mamie Harry Blackston Boone 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (IF YES, GIVE WAR OR DATES) 220-18 6684 Shirley Jones 1509 E. Biddle St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardine IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 1 Cldoses Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Mecrosco 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE AT WORK 220.1 certify that (1) (this haspita)) attended the deceased fram and that in (my) four opinion death accurred an the date and hour and fram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NO should be 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial MD STATE Barronnore COUNTY Baltimore Cem. Wm NAMEC. March F/H 1101 ADERES North Ave. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 NUV 2 1 1986 (VRA 15, 4)

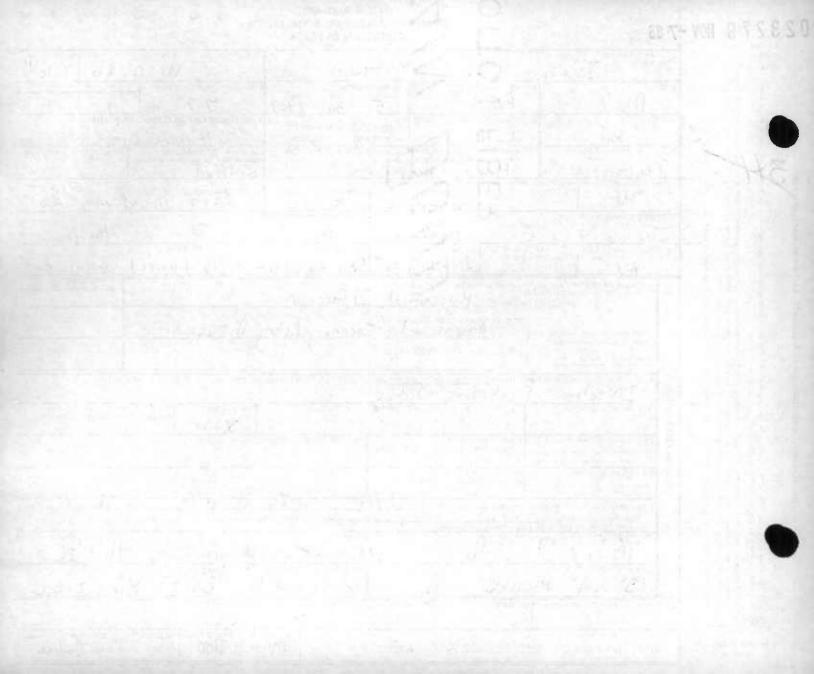




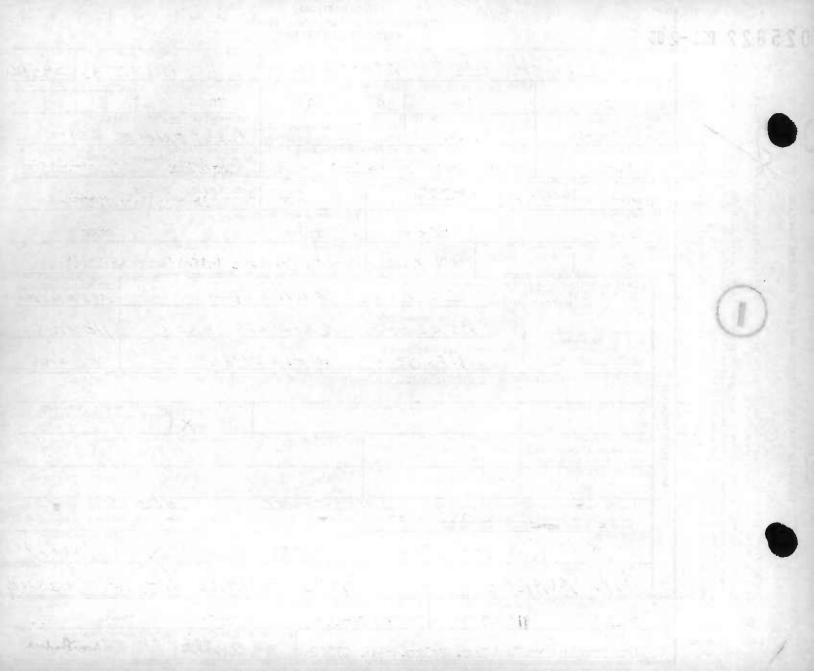
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4 4 0 NOV		STATE REGISTRAR						ERTIFICATE		REG. NO.		
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E ST E ST E ST		220. 1 certi	220.1 certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my apinion									- 1,25
NEW YEAR		death result	ed from Natu	ral causes 📈 ,	Accident	, Suid	ide .	Hamicide	Undetermined mann	er .		
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TO FUNERAL DIRECTO PARTIES OF THE SALISMORE, MARYL	1	EXAMINER'S (TYPE OR PRI	NAME Der	nnis F. Sm	yth,	M.D.	/	ADDRESS 111	Penn St., Ba	lto.,	Md. 21201	
PAR -	23a. E	Bur	ial	236 DATE 11/10/86		ng Memor			23d LOCATION CITY OR TOWN			TATE
11. 12		UNERAL DIREC	TOR		- A		iui ra		Randa]]s	256 REGISTR	AR'S SIGNATURE	Md
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moy be god of the state of the	EX JOSOPH		BIRTH 16 A	AGE (IN YEARS (AST BIRTHDAY)	2 86 7:10 M
ge 4 nector,	Male	3 lack month	30 1909	77 YRS.	MONTHS DAYS HOURS MIN.
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10.0		ME OF HOSPITAL, NURSING HOME OR		USUAL OCCUPATION	126 KIND OF BUSINESS OR
34	Da (timore	Mevey Hospital		RE-ENERGY OF WORKING	LIFE) INDUSTRY
Z ~ E 2 E	UAL RESIDENCE (IF NURSING HOME OR OTHER IN 13b. COUNTY	13c. CITY OR TOWN	34. INSIDE CITY LIMITS? 13e.	STREET ADDRESS / ZIP COL	DE: 1 2/2/7
2. = +(4	FATHER'S NAME FIRST MIDDLE		5. MOTHER'S MAIDEN NAME	WIDDLE	L LAST
RE, MAR	Jetome C. WAS DECEASED EVER IN U.S. ARMED FO	Mathews PRICES? 166 SOCIAL SECURITY NO. 11	7 INFORMANT	E, ADDRESS	Mathews
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on ST.	IMMEDIATE CAUS	E (0) MyoCardsof 1	Marchian	A .	
RESTO deoth ottend nove co otion, o	Conditions, if any, which gove rise to immediate		oronay Arbry	V. Page	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN. The low requires that the death certical physician. Wher this certificate has been signed by the attending part the build-tronsit permit. Then please remove corban th and Mental Hygiene prior to build, cremation, or renorded or Item 18 shows any injury, or other traumatic expensive medical certification.		E TO, OR AS A CONSEQUENCE OF			
os, 20 vires t signed en ple o burio ury, or	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE OR CONDITION G	IVEN IN PART 1(0
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Z - % - ± - 2	sow the deceosed olive on	12 19.86 and	that in (my) (our) opinion deat	h occurred on the date and ha	
the hospit to DIRECTC stoched for e Dept. of it Item 21	276 SIGNATURE		GREE ATTENDING _ M	MEDICAL STAFF	22c. DATE SIGNED
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BP	(SPECIFY) Burial 11	/7/86 Baltimore	National Park	Baltimore	COUNTY STATE



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Pogo Page		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8.	- Flagren wannen D	9 BALTIMORE CITY OR CO		
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ly fi	-	ATHER'S NAME	.chiore Du	RALK	15. MOTHER'S MAIDEN NA		PRWY • / ZIZZZ	
AARY)	FIRST	MIDDLE	tthews	Fannie	WIDDLE	Daron	
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thot by sose of, cr		underlying cause last.	(c)	FABRIE	S MELL	Frus	YEA	ens
NG PHYSICIAN: The low requires the ottending physicion. After this certificate has been signed by the buriol-tronst permit. Then please the ond Mental Hygiene prior to buriol orked or them 18 shows ony injury, or well or them.	z	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBU	TING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 10	
Or region of the second of the	CERTIFICATION	190 DATE OF OPERATION	LIST CONDITION FO	DR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS	LISED
L REC	FIC	176 DATE OF OPERATION	1376 CONDITION	OK WITHCH OF ERATIC	NASTER ORNED	IN IN	CERTIFYING CAUSES OF	DEATH?
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PHY PHY this ie bu	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
DIVISION OF PRINCE PROPERTY After 14 After 14 Old Monday M		AT WORK AT WORK					1	
NDE A OUSE A LEGAL		220.1 certify that (this ha	1 /	- 101	11/25, 1981		25, 19 86, that	
of the of the state of the stat		sow the deceased olive above, (we) (did)	on view the body after de	oth. 19 86, o	nd that in	death occurred on the date or	nd haur and from the caus	ies stated
OR A DIRECTOR A DIRECTOR A DIRECTOR A DEPT.		226. SIGNATURE	11	11.0	DEGREE		22c. DATE SIG	NED
AL DAL Date Date Date Date Date Date Date Date		M	Marco	MI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	× 11/25	186
SPIT.	1	226 PHYSICIAN'S NAME (TY	PE OR PRINTS		22e ADDRESS			-00
TO HOSPITAL retoined by the TO FUNERAL I should be deto with the Store I MPORTANT. II		Italy M	ARCO		4940 E	HSTENN AVI	= BALTO,M	0 3/326
5 5 5 4 3 1	23a	BURIAL, CREMATION, REMOV		23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION		
BP		(SPECIFY) Burial	M/28/1986		Cemetery	Cralev	York	PA.
	24. F	UNERAL DIRECTOR	W 20/ 1300	Crarey		TE REC'D. BY REGISTRAR 25b. F		7.170
DHMH - 16 60M 7/84 (VRA 15, 4)		alter Brooks I	Bradley Inc.	Balto., Mo	5.1		dia Teridon R	endall



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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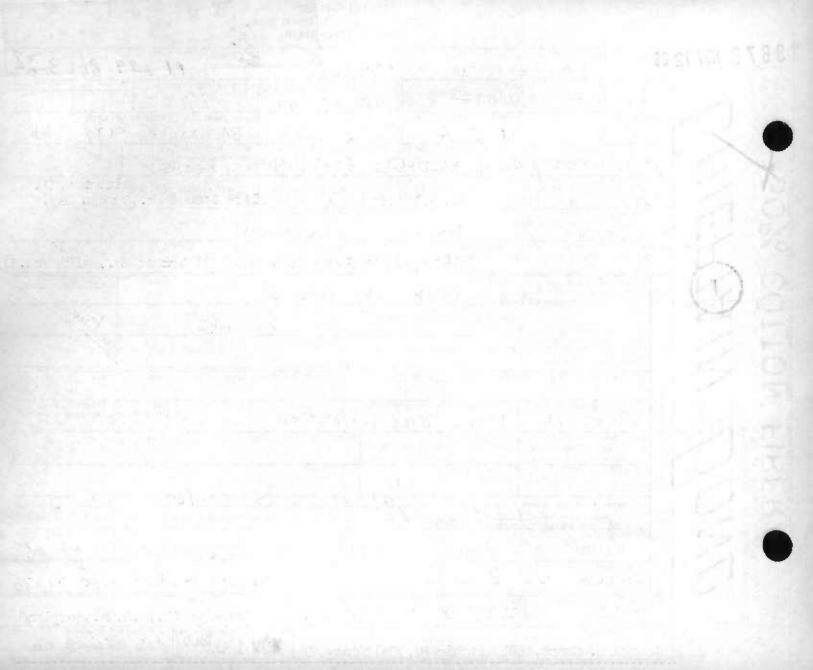
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

n	EC -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.										
0		CENSED NAME FIRST	WIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY YEA	2b. HOUR					
	(1102	MARY			MATTIUCCI	Novemb	per 29, 198	6 17 A M					
	3. SE	The second second	4. RACE	5 DATE C		6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS AYS HOURS MIN.					
ú	9	Female	White		08/29/99		YRS						
1	a Bi	IRTHPLACE (STATE OR FOREIGN) COUNTRY) Italy	76. CITIZEN OF WHAT COUN' USA	MARRIE	D NEVER MARRIED D		or county of DEATH timore City						
1	10. CI	Baltimore	11. NAME OF HOSPITAL, NUMBER OF HOSPITAL, NUMB			120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	ION DE WORKING LIFE) 12b. KIN INDUST Mar	of BUSINESS OR TRY LARGE TRY					
5	130 9		other institution, give residence in the last of the l	IOWN	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS (tern Ävenue	21224					
2]4 FA	ATHER'S NAME Joseph Set	APDRE LAST	nio (AST) IS MOTHER'S MAIDEN NAME FIRST Santa Martina									
1		MAS DECEASED EVER IN U.S. ARA YES NOOR UNKNOWN) (IF YES, GIVE	Eastern Av	cern Avenue									
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b)	n, and ic	, 1.0		APP BETW	PROXIMATE INTERVAL					
			E CAUSE (a)	REMINI	ing paller		,	- Asleg					
			DUE TO, OR AS A CONSI	EQUENCE OF	One c		2.1	noncl					
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	EOUENCE OF	year a		7	MC-10PC					
	NOR	PART 2 OTHER SIGNIFICANT CO	100	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	I Ita					
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH						
-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	RY IN ITEM 18 PART I OR PART	2)									
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET								
		220.1 certify that (1) (this haspite saw the deceased alive on above, (1) (we) (did) (did nat	1117	111	7 , 19 16 ad that in (my) (ear) apinian o	, ta teach accurred an the de	ate and have and fram	, that (I) (we) last the causes stated					
		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR											
		22d PHYSICIAN'S NAME (TYPEOR	MICHARL		27e ADDRESS FEIL 1946 Exples	n due Ba	ed ml 2	1224					
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	^{23b} DATE/02/86	231 St. Sta	METAUS COMET	e 23 Balting C	ity, Md.	STATE					
	24 FU	Chas.S.Zeiler &	Son Inc.6224	lss Easter		C 1 1986	256 REGISTRAR'S SIGN						

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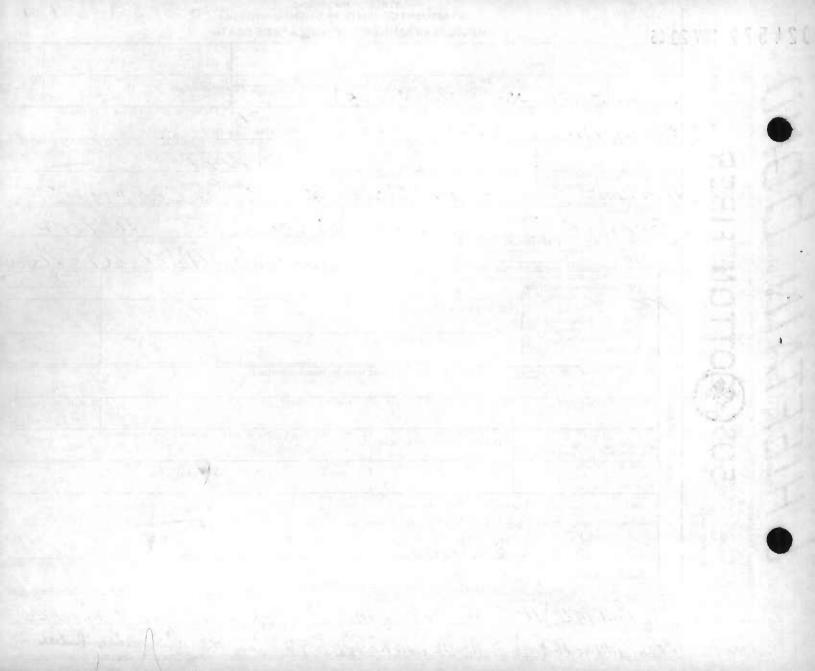
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. INDECEASED NAME 20. DATE OF DEATH DUISE FILA IF UNDER I YEAR DAYS WHITE 99 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore,MD. 1435 Locust St., Curtis Bay, 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE UNKNOWN 21226 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. Joyce Milleker, 1435 Locust St., Baltimore, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CORSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 217 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 17h I certify that (I) (this hospital) attended the deceased from and that it (my) (aur) apinian death accurred an the date and haur and from the causes stated did nat) view the body after death DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN | 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 11/12/1986 Cedar Hill Cem. Brooklyn Pk., A.A.Co., Maryland 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 George J. Gonce, 4001 Ritchie Hg., Baltimore, MD (VRA 15, 4)



		- 1				STAT	E OF MARYLAND			
2350	E MOV	1	FOR STATE		DE		EALTH AND MENTAL HY	GIENE S	3111	a/
2330	O MUY	14	55 STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO		115
			DECEASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
þe	page 3		/	EdgAR	2 H.	/	Maxwell	1	11 286	12:20Pm
ma _o	. 2	3	SEX	U 4.	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	HOAY) IF UNDER I YEAR	IF UNDER 24 HRS
Page 4	urs of	M	male	-1/-	white	MONTH 3	DAY YEAR	85	YRS.	HOURS MIN.
P. P.	Pol di	17	BIRTHPLACE (STATE	OR FOREIGN 76.	CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	HI SHE
le oth	in 7	21	ennsulva	nia 4	nited State			Balto Ci	ty	MD.
	with with	1	CITY OR TOWN OF	DEATH 11	. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		OF BUSINESS OR
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2120	be a	7,-1	SUAL RESIDENCE (#1	HURSINGHOME OR OT	HER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?			21411
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ZE, /	0 -0 -0	0	WAS DECEASED E		D FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRES	same as	
WOI	Page Page	La	TYES NO OR UNKNOWN	(IF YES, GIVE W	VAR OR DATES)	3-1917A	hanis Ma	CCott.	At 13	
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021	5 7 2 MOV	11-	STATE 2/5/86, GEGISTRAR	MEDICAL	EXAMINER	S CERTIFICATE		10	
0 4 4	31 7 1101	T. DE	CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR 76. HOL	UR
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	Y DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. AIN PAGE 5 FOR YOUR FILES. IED BE FILED WITHIN Z HOURS PERS. 201 W. PRESTON STREET.	3. SE)		5. DATE OF BIRTH	6. AGE (IN YEARS		ER 24 HRS. 2t. DATE	11/13/ 19 86	UR
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	F ANY DELA AND 3 TO I RETAIN PA PECORDS.	13a. S			Y OR TOWN	13d. INSIDE CITY LIMITS	13e STREET ADDRESS	- 1 - 1 - 1 -	
	S. S. A. A. A. S.	///	HRYCHNUD -	131	GLIMOR	YES NO	160/N.DO	10/19 (N) S1.	_
	M H - KO	11.17	ATHER'S NAME	MIDDLE	MST	15. MOTHER'S MA	IDEN NAME	M. JASTy 2121	6
	DEATH.	1 -	PAMMIE		IAYES	GWET	Vacyn	MICLER	
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704	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a. I certify that I toak charg	e af the remains described ab	ave, held an	Autapsy X, Inspec	tian . Inquiry .	and in my apinian	
	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE ARRYLAND,		death resulted fram: Natur	al causes . Accident	. Suicid	e , Hamicide	Undetermined manner		
	EXAMI CERTIFICERTIFICE DID BE DIRECT WITH		Maria	= a 11		TITLE (SPECIFY)			
	AHO AH	1	SIGNATURE WWW	to long you	l .	M.D. Assista	ant MEDICAL EXAMINER	DATE SIGNED 11/14/86	
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		23a.B	URIAL, CREMATION, REMOVAL 2	36. DATE 23c.	NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION	COUNTY STATE	
07 /s 25 N	84 BP 360		PUCIAZ !	11-11-80 6	EDAR!	till Comele	RY EACTIMOR	E, MARY (AND)	
2.314	DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS	0 -	25a. DA	V 1 5 1986	SISTRAR'S SIGNATURE	
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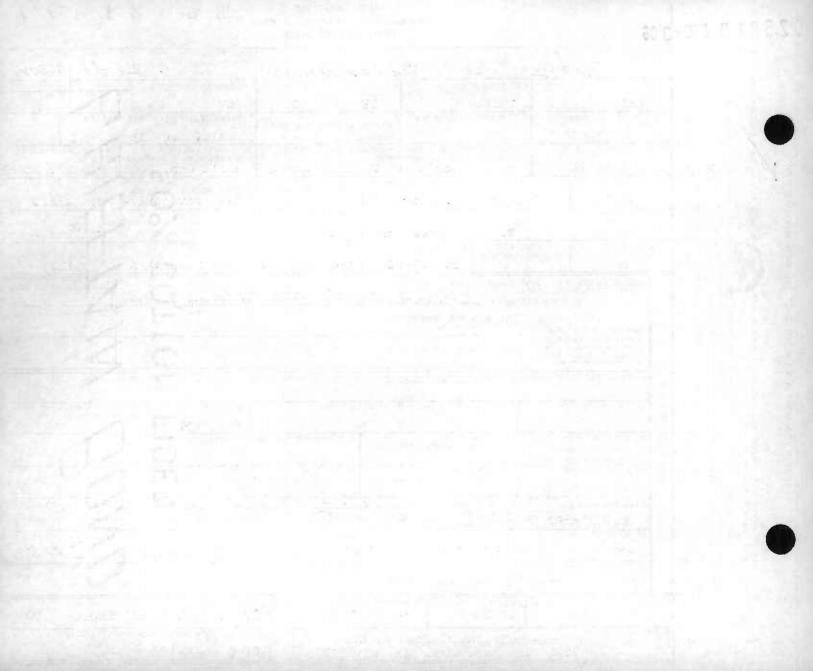


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	IS NECESSARY, REASE EFUNERAL DIRECTOR. E.S. FOR YOUR FILES. ED. WITHIN Z. HOURS. I.W. PRESTON SIREH.	20	Md.		USA		WIDO	WED DIVO	RCED 🗆	Baltimon	ce City.		MD.
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_	AN DEL	USUA	L RESIDENCE (IF IN I	URSING HOME OR O		E RESIDENCE BEFORE	ADMISSION)		- '			1717	7
21201	ANNY	13a. S1		13b. COUNTY		113c. CITY OR TO		13d INSIDE CITY LIMITS				10/1	
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, MD.	#-208/V	11. FA	THER'S NAME FIRST	A	MIDDLE	LAST		15. MOTHER'S MA		WIDDLE		LAST	
28	A STATE OF THE STA		Ruben			Mayha		Sus	ie		Bi	roxton	
IMO	MASSIN /	16a. W	AS DECEASED EVE	R IN U.S. ARMEL	D FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRE	SS		
ALT	₹ ≥nro		no			N/A		Susie	Mayha	nd 1342	W. Ne	orth A	We
	SE S		18. CAUSE OF DEA	TH (Enter only o	one cause per line	far (a), (b), ond (c).)		1143114	119 10 11		APPROXIMATE	INTERVAL
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ü	A ALT	MEDICAL CERTIFICATION											
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	ME REFE		death resulted Iro	m: Natural c	causes X	Accident .	Suicide	, Hamicide	Undeterm	ned manner].		
	WILD WILL				~ 1	W n.		TITLE (SPECIFY)					
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINED TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURNAL FIRE DEPARTMENT OF HEALTH AND MITH THE STATE DEPARTMENT OF HEALTH AND MITH STATE OF HEALTH AND MITH STATE DEPARTMENT OF HEALTH STATE DEPARTMENT OF HEALTH AND MITH STATE DEPARTMENT OF HEALTH STATE DEPARTM		EXAMINER'S NAME (TYPE OR PRINT)	Marga	arita A.	Korell.	M.D.	ADDRESS	111 Pe	nn St.			
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pog or de	3. SE		4. RACE	THA TIME	5. DATE OF		6.	AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YE	
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2 10 0	H	underlying cause last.	(c) Ac	CUTE MY	OCARD.	AL INFOR	LION-	VENTRICULA	C FIBRI	MAINEN Z	- weeks
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OR. Trues	-	saw the deceased alive a	11-9	19 8	6 and	that in (my) (aur)		ith accurred on the c	date and ho	, , ,	
ECT ed for		abave, (I) (we) (did) (did n	at) view the body after	deoth.		GREE					ATE SIGNED
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ge 4 may be ector, page 3	1	Male		White		MONT	H DAY YEAR	6		YRS.	VIHS DAYS	HOURS MI
oth. Po	7a. B	IRTHPLACE (STATE OR F	OREIGN		WHAT COUNT	MARRIE	D NEVER MARRIED	7		R COUNTY O	FDEATH	
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Ned the	1	Baltimore	1	Franci	S SCOTT	REET ADDRESS) Key Me	edical Cente	(TYPE OF	WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	
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tely 2 st	13. F.	ATHER'S NAME					15. MOTHER'S MAIDEN			Tallio	210.	21217
ond ond		Alonzo		T.	McC	adden	Sarah		MIDDLE		Mul1	
O dico		WAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMANT		ADDRE	SS		
a e		NO		- Transfer Dates;	213-0	7-3634	Ted McCadd	en 81	44 Dudn	alk Ave	2. 2	1222
low requires that the consistency of the consistenc	CERTIFICATION	PART 2. OTHER SIGN	IIFICANT C				NOT RELATED TO THE TE		EASE OR CON UTOPSY?	20b. IF YES, W	VERE FINDIN	NGS USED
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HYSICIAN: ding physis is certificot buriol-tron Mentol Hy por frem 18 \$	-	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DE A	TH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCC	CURRED (ENTE	R NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
DING PHYSI or attending After this ce e as the burn olth and Mer	MEDICAL	21d. INJURY OCCURR WHILE NOT WHILE AT WORK	ED	21e. PLACE			211. LOCATION STREET	165	CITY OR TO	wN	COUNTY	STATE
TTENDIN pitol or TOR: Af for use of feoltlis mo		22a. I certify that (1) (sow the decease above, (1) (we)(d					nd that in (my (our) opini		///a	ote and hour or	SC ,	tha (I)(we) I
AL OR A the hos the hos letoched set Dept. T: If them		22b. SIGNATURE	ap	stela			DEGREE	G MEDIC		F	22c. DATE	
TO HOSPITAL retained by th TO FUNERAL should be deter with the State IMPORTANT: I		22d. PHYSICIAN'S NA		print) pleba	am,	m.p.	22e. ADDRESS	- C JIKECT	5. C 111131C		74.16	
D = D + M M M	23a E	SURIAL, CREMATION, P SPECIFY) Buria		23b. DATE 12-2-			EMETERY OR CREMATOR Heart of Je		CATION CITY OF TOWN	Balt	imore	s Mb
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024196 NOV	でき	SED NAME F	IRST	MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26. HOUR
A Des	1		tle	M. McCa	affrey	November 15	
E 0 9	1. SE	X	4. RACE	5. DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	Female	White	Non		96	YRS.
102 121		RIMPEACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	1	Maryland	U.S.	A. WIDOW	ED DIVORCED		e City MD.
1/1 11 2/	DII. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME THE FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION	
0 1 10 70		Baltimore	Maryla	nd General Hos	spital	Housewi	
1 11 2	13a.	AL RESIDENCE (IF NURSING STATE	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE
A 52 52 5			Baltimore	Perry Hall	YES NO	9625 Dund	awan Rd. 21236
1 1 NO	4 F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N	AME	IASI
# - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V	John	I.	Giles	Magdalena		Snyder
1		WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
M 12 70 1		No	TES, OTTE WAR ON DATES	213-10-0907	William H.	McCaffrey	Same as #13e
VISION OF VITAL RECORDS, 201 W. PRESTON S G PHTSICIAN. The law equines that the death centending physician withs centificate has been signed by the otherding the boundstrainer permit Their please emore corb that Abenda Highers prior to burial, cerealistic, or other Madric high Spower any injury, or other troundries.	CERTIFICATION	Conditions, if any, we gove rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIFI Gastrointes	Probably DUE TO, O hich liote the lost. CANT CONDITIONS CO Stinal Bleece Congested F N 19b. COND	Sepsis with Sepsis with Sepsis with Sepsis with Sepsis With Sepsis Secondary to Sepsis	TNOT RELATED TO THE TER DEMINATED TO THE TER DEMINA	MINAL DISEASE OR CONDI DIYTE IMBALAN Betes Mellity	TION GIVEN IN PART 1(0 CC 15. 7 10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
A THE STATE OF A	11333	OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY YEAR	? THE HOW INJURY OCCU	KKED (ENTER NATURE OF INJURY	IN ITEM B PART OR PART 2}
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HOSPITAL OR ATTENDING med by the hospital or FLYREAL DIRECTOR, At und the detached for use at the Sarte Dept of Health ORTANT, If them 21 is man ORTANT, If them 21 is man		270.1 certify tha X (the saw the deceased a abave, X (we) (did) 27b. SIGNATURE 27d PHYSICIAN'S NAME	is hospital) attended the plive on November MANN view the body	ne deceosed from Novel ex 15 office decision 19 86	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED
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00 251	254.	(SPECIFY)	1.9			CITY OR TOWN	COUNTY STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME	J. Ruck, In	c, Baltimor	AL		Julia Teridon P. Sace

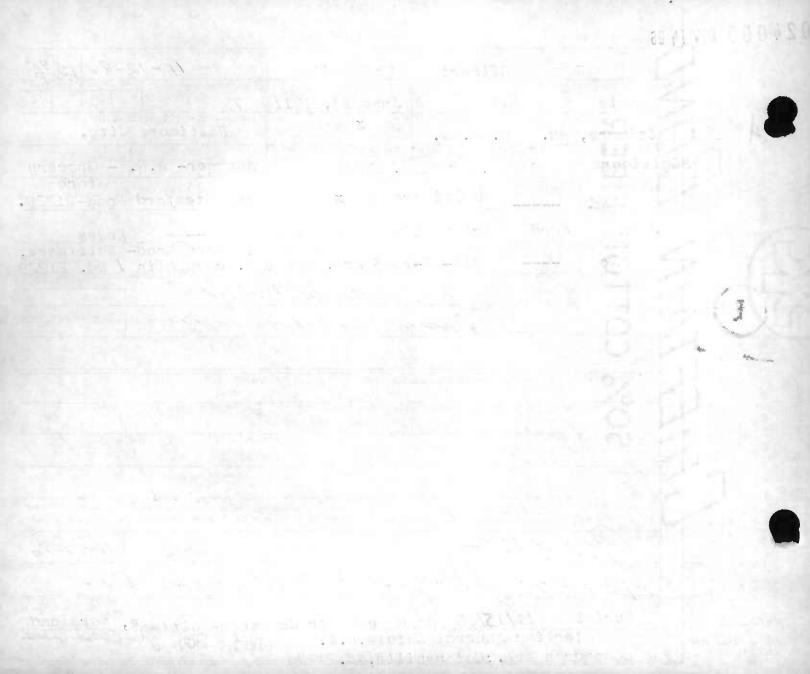
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mo frer of		3. SEX		4. RACE		5. DATE (YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAY	AR IF UNDER 24 HRS
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omp of o	or of Earl			Harrison		ford		arrie]	3.		nis
ond the Poges	1		AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIALS	SECURITY NO.	17 INFORMA			ADDRESS		21230
onc ex	1		NO		217-38	3-1766	Josep	h F. M	cCubbin	2325 Wa	shingto	n Blvd.
BA F			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	fine for (o), (b	ol, and (cl.)	4 0 0				BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
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NO STORY				DUE TO, O		EQUENCE OF	11001				12	0
de alle			Conditions, if ony, which gove rise to immediate	(b)_	SEPT	-1C Z	HOCK				13	leours
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTIAND 27 OF THE CONTROL OF THE CONT			couse [0], stoting the underlying couse lost.	DUE TO, O	RAS A CONS	S 12					2	days
uires uires en plie en plus buri,		7	PART 2. OTHER SIGNIFICAN		- 10 -	TO DEATH BUT						
requestre services of the serv		CERTIFICATION		-10 1	DIABE	TES			PRONIC			PULMONAL
nos been permit.		FICA	190. DATE OF OPERATION	196. COND	ITION FOR WI	HICH OPERATIO	IN WAS PERFO	RMED	200 AUTOP	20b. IF	YES, WERE FINI RTIFYING CAUS	DINGS USED SES OF DEATH?
VIIAL NN: The hysicion icote ho ronsit p Hygien 18 show	Salat S	RTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	S. In I II (DV		Int. Howen	LUBY O COUR	YES 🗌 1	10-25	YES	но 🗆
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DING PHY: Or ottendii After this e os the bu olth ond M morked or		MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	21f LOCATIC STREET)N	// 63	CITY OR TOWN	COUNTY	STATE
VDIP L or R: Al		- 1	220.1 certify that (1) (this ha	spital) ottended th	e deceased fr	20	- 9	, 19	6, to 11	130	. 19 86	, that (I) (we) last
TTEP Porto For of H		37/	sow the deceased alive abave, (I) (we) (did) (did	on 11/3		19.06.0	nd that in (my)	(our) opinion	deoth occurred	on the date and	hour and from t	he couses stoted
hos hos hed the dept.	,		226 SIGNATURE	1			DEGREE	Property I			22c. DA	TE SIGNED
AL DAL DAL DIETO			Mi Ma	cules				TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1 111	30/06
TO HOSPITAL C retained by the STO FUNERAL D should be detained with the Stote D MAPORTANT: IF			22d. PHYSICIAN'S NAME (TYP	IULIS			JT.		ES 40	SPIT	AL	
reto sho with			URIAL, CREMATION, REMOV	AL 23b. DATE		23c. NAME OF C			23d. LOCATI	ON		
BP		(:	Burial	12/3	/86	Loudon	Park Ce	metery	Baltin	nore	COUNTY	Maryland
DHMH - 16 60M 7	/0.4		NERAL DIRECTOR			21229		25a. DAI			GISTRAR'S SIGN	
(VRA 15, 4)	7 84	Hu	ıbbard Funeral	Home, In	nc. 410	7 Wilke	ns Ave.	Ut	U 1 19	186 Mill	a Divideor	Kandaes

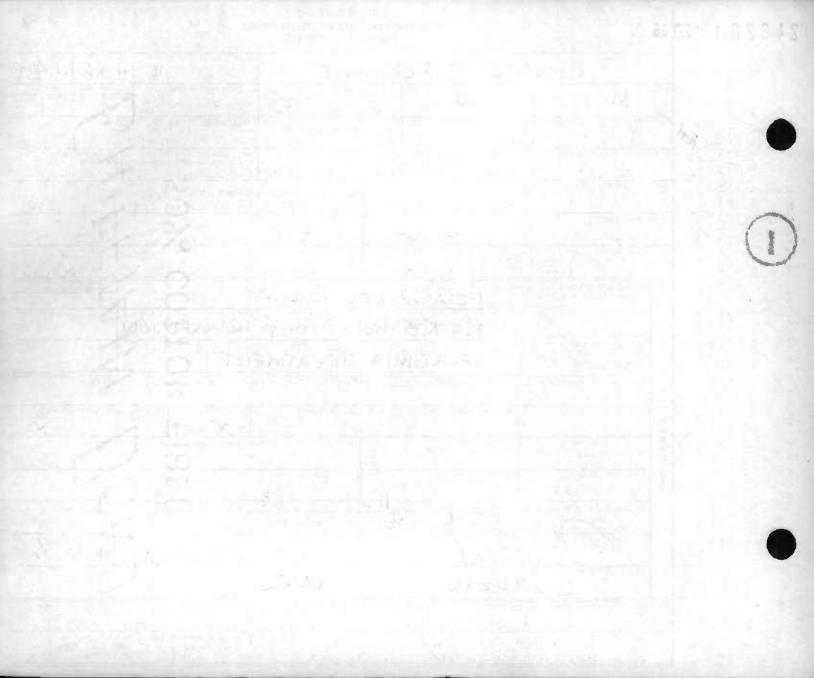
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noy be poge 3 sr deoth		CEASED NAME FIRST Alice	E.		onald	November	MONTH DAY	YEAR 186	26. HOUR
ector, po		male	White	Janu	ary 23, 1902	6. AGE (IN YEARS LAST BIR		NDER : YEAR	IF UNDER 24 HRS HOURS MIN.
ter deoth. Per he funeral di within 23 bo	Ba	rthplace (state or foreign Ttimore, Md.	75 CITIZEN OF WHAT COUN U.S.A.	MARRIE	NEVER MARRIED D	Baltimore City o		DEATH	MD.
n filled	Ва	altimore City	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE The Union Me	emorial l	ROTHER INSTITUTION Hospital	TYPE OF WORK FOR MOST OF PR Salespe	ON 1 F WORKING LIFE) [I	NDUSTRY	BUSINESS OR S
filled in hould be	130 S	AL RESIDENCE (IF NURSING HOME OR STATE 135 COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF Baltin	TOWN	13d INSIDE CITY LIMITS? YES X NO [13e.STREET ADDRESS / 3657 Chestr	ZIP CODE		
ed within		ter Vincent	MIDDLE LAST IS. MOTHER'S MAIDEN NA FIRST Mary Fliza ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT			MIDDLE LAST			
xecut nd c liges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL	SECURITY NO. 03 4518	Control of the Control		4		
movol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		b), and (c).)	Doris Chapl	HISKI 3637	Chestn	BETWEEN O	NATE INTERVAL NSET AND DEATH
by the ottendings remove color, cremotion, or rother troumotic.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	Srage	COPD.			y ea	
requires the signed and to burion to burion or injury, or	rion	PART 2. OTHER SIGNIFICANT O	DITION GIVEN II	N PART 110					
this The low hysicion. icote hos be ronsit permit Hygiene prival 18 shows on	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	S Suses of	GS USED OF DEATH? NO
SICIAN: ng phys certifico riol-froi enfol Hy ltem 18	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFYMEDICAL EXAMINER	HOUR A.M. MONTE	DAY YEAR	21c. HOW INJURY OCCURR		Y IN ITEM 18 PART I	OR PART 2)	
ottendis os the but thought	MED	21d. INJURY OCCURRED WHILE AT WORK ORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TO	VN (COUNTY	STATE
ATTENDI septed or SCTOR: A for use of Heal		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did no	tol) oftended the deceosed f	rom <u>OCT</u> 19 <u>86</u> , or	d that in (my) (our) opinion of	to Nov. I		from the co	not (1) (we) lost ouses stoted
ITAL OR AT by the hosp RAL DIREC detoched f tote Dept. o		Deffrey (2. Hust, m.			MEDICAL STAF	FIANX	22c. DATE S	
TO HOSPITAL of retoined by the TO FUNERAL is should be deto with the Store IMPORTANT: If		Jeffrey A	. Grass, M.D.		The Union Me	emorial Hosp	oital		
BP	(urial, cremation, removal Burial	23b. DATE 11-17-86	New Cat	metery or crematory hedral	23d. LOCATION CITY OR TOWN Baltimore REC'D. BY REGISTRAR		unty and	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	Durally	Henry 38	31 /2	- //. // /	REC'D. BY REGISTRAR	Sb. REGISTRAR"	S SIGNATU	RE

		1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH		eeg. No.	3 1 3	0 0
023780	NOV		CEASED NAME FIRST KAT	HERINEMIDDLE	LA	McELGUNN	2a. DATE OF DE		DAY YEAR	2b. HOUR
O Z J & O S S S S S S S S S S S S S S S S S S	NUV	3	BPRINTI Kather	ine 1C	· N	CELGUNA	1/	19/8t		215PM
oge 4 mo		3. SE	Temate	RACWhite Canc	5. DATE O	BIRTH DAY YEAR 42 42	6 AGE (IN YEAR)	Y YRS	IF UNDER TYEAR	HOURS MIN.
deoth. P.			MO a	USA	WIDOWE		13	alti	mor	MD.
1201 To ofter n by the e filed with	200		Balling 11	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	haryland Hesp	TYPE TEAC	TER OF WORKING	LIFE) INDUSTEY	DUCATION
LAND 2 lin 24 hc y filled i should b	and a second		ALRESIDENCE (IF NURSING IDME OR QI) TATMATYLAND (3), COUNBY	altimore city of	17	THE PARTY NO PA		PRESS ZIP COL	De Sa 1	DeSalesRd
MARY ted with	Somin	14. F7	TO h h	MCL	McElgunn Chun	IS MOTHER'S MADEL NEE FIRST LUTHOR		DDLE enyec	dg 1A	_{s1} Kennedy
in ond c	medico	16a \	VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W		RECURITY NO.	or. Maria Gor	etti 640	ADDRESS 01 N. Ch	arles S	t. 21212
(DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120) Equires that the death certificate be executed within 24 hours signed by the etricine ond completely filled in by the process range. Proposes range of the etricine of the process range of the process range.	njury, or other trasent	No	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if only, which gove rise to immediate cause (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CON (b) W DUE TO, OR AS A CON (c)	SEQUENCE OF	Metasta Sta		1/a pse reast c	-a	WASTE NITERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ther this certificate has been sign os the buriol-tronsit permit. Then hand Mental Hygiene prior to b	Smo	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	200 AUTOPS	IN CERT	ES, WERE FINDING IFYING CAUSES	
N OF VITA SICIAN: T ng physici certificate uriol-tronsi	Hem 18 s	MEDICAL CE	2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
DIVISION NG PHYSI Offer this ce os the buri	orked or	MED	VHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, C	DFFICE, FARM, ETC.)	211 LOCATION STREET	C	TY OR TOWN	COUNTY	STATE
A ATTENDIN hospital or RECTOR: Aff	m 21 is m		22a. I certify that (I) (this hospital) saw the deceased alive on above, (I) (we) (did) (did not) v	211	.19 <u>86</u> , one	that in (my) (our) opinion o	, to death occurred o	n the date and ha		that (1) (we) lost causes stated
A Per De	NT. If the		22d. PHYSICIAN'S NAME (Type OR PR	un	les "	AFTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	27L DATE	SIGNED
TO HOSPITAL eroined by the TO FUNERAL should be det with the State	IMPORTANT		PAPUC	HIS					el+m	020210
BP			Burial	11-12-86		metery or crematory athedral	Baltimo		COUNTY	Maryland
DHMH - 16 60N (VRA 15, 4			neral director tchell-Wiedefeld	Home 6500 Y	ork Road	21 21 2 250. DATE	V 1 2	STRAR 256. RPG IS		TURE,

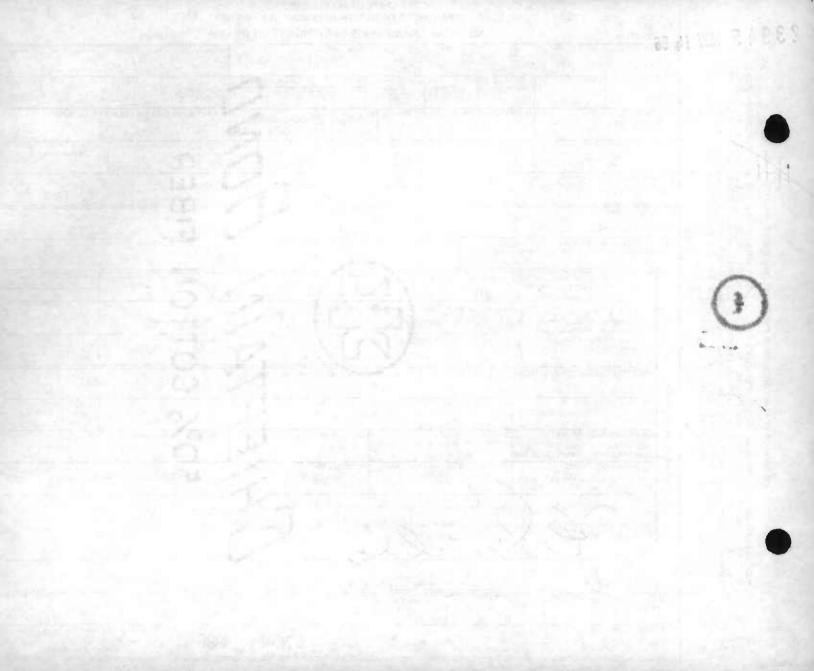
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210	20 110	11 22	ac	FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IEME 8 6	3		00
248	O Z B NU	V 20	da	FOR STATE REGISTRAR		VEI ANTI		ICATE OF DEATH	REG. NO	0		saghta a
	e cha			CEASED NAME FIRST	JAND W	arren Mc	KNI	GHT			4 86	25 HOUR A:40 PM
	ge 4 may ector, po	1	3. SEX	M ale	4. RACE	$W_{\mathtt{hite}}$	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	200	J. J.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
	& CR	Elo,	_	MD	USA		WIDOW	D DIVORCED	RALTI		CITY	MD.
201	1 27	8	,	BALTIMORE	UNIVE	RSITY OF	ADDRESS) MARYL	AND HOSPITAL	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O RESEARCH/C	F WORKING LIFE	INDUSTRY	RN.
AND 21	Alled in	86	13a. S	MD FREI	OR OTHER INSTITUTION UNITY DERICK	13t. CITY OR TOW	'N	13d INSIDE CITY LIMITS? YES NO XX	13e.STREET ADDRESS / 8820 Yello		ings Rd	. 21701
(I	1)	00	I FA	THER'S NAME FIRST ELMER	WIDDLE	McKNIGH	T	15. MOTHER'S MAIDEN NAME FIRST CAROLINE	WIDDLE		LEWIS	
7	1	91			GIVE WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT			rick,	
LTIM	# 100	1	-	YES WW		219-12-		Virginia C.	McKnight 8	820 Ye		
5T., BA	a physic on pape	event, a		PART I. DEATH WAS CAUS	anly ane couse per SED BY: ATE CAUSE (a)	EPA TO	2EN	AL FAILUR	E		BETWEEN	MATE INTERVAL ONSET AND DEATH
ESTON	death ce	oumotic		Canditians, if ony, which	DUE TO, P	JA CHE	ENCEPE	PATITIS P	TRANSFL	usion	1	
1 W. PR	hat the by the s one remo	r other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, Q			TREATMI				
RDS, 20	rannes Then pla To burio	o 'Anglu	NO	PART 2. OTHER SIGNIFICANT	T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 110	1
AL RECORDS	The law is an. on the law is best best permit.	T Jan	RTIFICATION	190 DATE OF OPERATION			OPERATIO	n was performed	200 AUTOPSY? YES NO	IN CERTIFY YES		
OF VIT	g physical antificati internation	2	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	DE INJURY .M. MONTH DA .M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PART 2)	
OIVISION OF	otherdin to the but tord Ma	yed or	MEDI	21d INJURY OCCURRED	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	ZII LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
0	TENDIN Prof or TOR At Sor use of Headill	21 4 mg		220.1 certify that (1) (this has	onV	19_19_	VI	nd that in (my) (aur) opinion	, todeath accurred on the do	ate and havr		that (1) (we) lost
	At OR A the hay at DIREC	The Heart		27h SIGNATURE	Thei	P		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF CIAN D	22t. DATE	SIGNED A-86
	D HOSPITA D FUNER Deald by d	APORTAN		THE PHYSICIAN STIAM COL	Alle	10		220 ADDRESS				
	20	2		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	-	COUNTY	STATE
	DF		24 FU	BURIAL UNERAL DIRECTOR C	DOUGLAS S		stnav	en Mem.Garden			derick RAR'S SIGNATI	MD URE
	DHMH - 16 60M (VRA 15, 4)			1621 Opossumt		ADDRESS	ck, M	D 21701	A T 8 1900	Julia	Dividen:	Renduce



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	2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		EASED NAME	FIRST	ALTER B	MIDDLE 2	(MCCL	EOD)	MCLE	OD	2	OF DEATH A	NOWN X	_	3-86 ₁₉	R 2b HOUR	
	A SHE SHE	3. SEX	(I. RACE	S. DATE OF BIRTH		6. AGE (IN YEA		IDER 1 YR.	IF UNDER		c. DATE		MONTH	DAY YE	AR 2d HOUR	
	ARY, PIRE		le l	Black	9 21	27	59 YR		AS DAYS	HOURS	26	RONOUNC DE AD			3-86 19	8:50A	
	NECESARY, PIEASE FUNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS W PRESION STREET.	PC N	orth CA	rolina	U.S	MARRIE			IED NEVER MARRIED			Baltimore City				MD.	
it	SAFEE	10. CI	Baltim			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2224 Round Road 120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) N/A								E OF WORK	12b. KIND OF OR INDU		
Maria	ANA PARA PARA PARA PARA PARA PARA PARA P	13a. S		IF IN NURSING HOME O	DR OTHER INSTITUTION, GIV TY		BEFORE ADMISSIO OR TOWN timore		13d. INSIDE CI	TY LIMITS?	13e STREE	T ADDRESS	s und R	oad	Apt. T4	21225	
9	# on on	14. F/	ATHER'S NAME						15. MOTHE	R'S MAIDE							
DRE. A	DEATH OF WILL		Charli		MIDDLE	McLe			Da	aisy		MIDO			hapman		
ALTIM	AFTER INFE PA H FOR ISION		VAS DECEASED ES, NO OR UNKNOV YES	EVER IN U.S. ARA	WED FORCES? WAR OR DATES)		IAL SECURITY 7-20-0		17. INFORM	MCLE	eod :		ADDRESS CAr		treet A	ot.3	
RECORDS, 201 W. PHEGO. 57 LD BE EXECUTED WITHIN 24 HOLDS PENDANCE IN BESU	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PEND. IN PEND. IN PEND. IN PEND. IN PEND. IN PEND. IN PED AS A BURIAL. PAN TEEPLE DESTRUCTION DE REMOVAL. AL, CREMATION DE REMOVAL.	z	Conditions gave rise couse (a) s lying cous	IMMEDIAT s, if ony, which to immediate stating the under- e last.	ly ane cause per line D BY: CE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) CONTRIBUTING TO DEATH B	AS A CON	SEQUENCE C	DF DF				liseas	se		APPROXIM BETWEEN OF	ATE INTERVAL	
TAL REC	007575 /	CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY?		
DIVISION OF VITAL	THE WOOD TO THE COULD BE ARTMENT OR TO BU		210 EXTERNAL UNDERLYING CONTRIBUTIN				DAY YEAR	21c. HC	OW INJURY	OCCURRED	D (ENTER NA	TURE OF INJUR	Y IN ITEM 18	PART 1 OR PA	YES L	NO	
DIVISI	WRITING WARDED TO PAGE 3 SHOTT TATE DEPA	MEDICAL	21d. INJURY OF WHILE AT WORK	NOT WHILE CAT WORK	21e PLACE C	F INJURY DRY, FARM, ET	(AT HOME, C.)		CATION TREET			CITY OR TOWN		со	PUNTY	STATE	
•	MEDICAL EXAMINER: ECUTE THE CERTIFICATE EGE 4 SHOULD BE FORF FUNERAL DIRECTOR: I FR DEATH, WITH THE SE TIMORE, MARYLAND,		death resident ACTUAL SIGNATURE EXAMINER'S INTYPE OR PRIN	To Vision	Sur Six	Accident	swe, held an Sweller Sweller		Homici TITLE (SF D. Chie	PECIFY)	Undeter	Inquiry [mined mann ALEXAMIN	ner .	DATE SIGNE	pinion ED.11 - 8-	86	
07/84	BP	(5	BURIA		36. DATE 11/13/86		ame of cen arriso				23d. LOC CITY OR OW	ation ings M	1ills	coui	NTY	STATE Md.	
25M	DHMH - 17 (VR A15 ME (5))		neral direct	or eral Home	es 1101 s	Ast 1	North /	AVenu		NOV	EC'D. BY R	egistrar 986	25b. REGI	STRAR'S S	SIGNATURE VN. Rada		



		1.	FOR STATE			EPART.			ARYLAND AND MENTAL	HYGIENE	0	3 1	5 0	3
		1	REGISTRAR		WEL	DICAL	EXAMIN	ER'S	ERTIFICATE	OF DEATH	REG. N	10.		1
236	RO NOV	1. DE	CEASED NAME	FIRST		MIDDLE			LAST	2a. D	ATE KNOWN	MONTH [DAY YEAR	2b. HOUR
200	S S S I	20	SOR PRINT	James	Matthe	W		MCM:	illan	DI	OF ESTI-	X 11-3	19 86	AA
	PLEASE ECTOR. FILES. HOURS	3. SEX	4. R	RACE	5. DATE OF BIRTH		6. AGE (IN YE.	ARS IF UN	DER 1 YR. IF UNDE		DATE		DAY YEAR	2d HOUR
	DIR OUR NO		M	В	4 12	33	53 YE		15 DAYS HOURS	MIN PRO	NOUNCED DEAD	11-4	19 86	9:30 p. m
	CESSARY JERAL DIR COR YOU MITHIN 72 PRESTON	7a. B	RTHPLACE (STATE	OR .	76. CITIZEN OF WH	AT COUN	TRY?	8 MARR	ED NEVER MAR	RIED 9 BA	ALTIMORE CITY	OR COUNTY	OF DEATH	
	NECESSA FUNERAL S FOR Y MITHIN		NC		US	P		WIDOW			altimore	e City,		MD.
	P##85/	10. C	ITY OR TOWN OF	DEATH	11. NAME OF HOSE			, OR OTH	ER INSTITUTION		OCCUPATION (TY	PE OF WORK 12b	OR INDUST	SINESS
12	The State of	1	Baltimo		1114	4 N.	Kenwoo		enue	N/A	DY WORKING LIFE)	P	ostal	
1/6	DE OFFICE OF STATE OF		AL RESIDENCE (IF IN	N NURSING HOME OR	OTHER INSTITUTION, GIV		OR TOWN	ON)	13d. INSIDE CITY LIMITS?	13e. STREET A	DDBESS			
4 2	A MEDIO		MD	130. COOK			timore		YESX NO		N. Kenv	wood Av	enue 2	1213
9	TOPING	14. F.	ATHER'S NAME		MIDDLE				IS. MOTHER'S MAIL					
m,	ES-SEAT	1	William		WIDDLE		shall		Annie		MIDDLE	1 3	McMill	an
9	70 \$ 40 -	16a. \	WAS DECEASED EV	VER IN U.S. ARM	ED FORCES?		CIAL SECURIT	Y NO.	17 INFORMANT		ADDR 5 Ş	stersbu	ra VA	23805
4	SSO LE RATE	1,	Yes, NO, OR UNKNOWN)	I IF YES, GIVE W	VAR OR DATES	238	3-44-59	64	Lacy McM	lillan	2534 Me	erry Oa	ks AVA	23003
1	8 5 6		18. CAUSE OF D	EATH (Enter only	ane cause per line				1 240,7 1101		2001 110		APPROXIMATE BETWEEN ONSET	
17	0-0-W		PARTIDEATH					Card	iovascular	Diseas	e	-	BETWEEN ONSET	AND DEATH
0	SE S	-		IMMEDIATE			SEQUENCE (LOVADOULAL	Dio			-100	
PRESTON	E SESSE			if any, which										
×.	NAT AND			ta immediate	DUE TO OR	AS A CON	SEQUENCE (DE						
102	JTED WITH IN PENCIL EXAMINER IAL - TRANSI ON, OR RE	100	lying cause la	ost.			102 0 0 2 1 1 0 2 1	,						
SS.	AAL BAND		PART 2 OTHER SIGNIES	ICANT CONDITIONS CO	DATESHITING TO DEATH I	IIT NOT RELA	LTEN TO THE TERM	INAL DISEAS	DR CONDITION GIVEN IN I	ART Last				
DIVISION OF VITAL RECORDS, 201	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN FORD THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MEDICAL CREMATION,	Z			THE PERSON OF TH	OT NOT KEEP	CIED ID THE TERM	INAL DISEASI	OK COMPILION GITEN IN I	ART T (Q).				
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TAL	A PLEE	FIG										191		
>	WO BE	E	210 EXTERNAL C	AUSEWAS	21b. TIME OF	INJURY		[2]c H(OW INJURY OCCURE	PED LENTER NATUR	OF INJURY IN ITEM 18	R PART 1 OR PART 21		NO XX
0	A H TO WE THE		UNDERLYING	OR		MONTH	DAY YEAR			1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 100	
Sio	SHO TO	MEDICAL	CONTRIBUTING	the state of the s	P.M.	FINIURY	19 LATHOME	21f. LO	CATION					
<u>></u>	REPER SOI PR	ME	WHILE AT WORK		STREET, FACTO				TREET	CITY	OR TOWN	COUNTY	1	STATE
	T>AAAC		AT WORK - A	TWORK										
	L EXAMINER: E CERTIFICATE DULD BE FORI L DIRECTOR: H, WITH THE S MARYLAND,		22a I certify th	nat I took charge	of the remains desc	ribed obc	ve, held an	Autop	sy , Inspecti	on XX . In	quiry . o	ind in my apinio	an	
	WIE BELLE		death resulted f	roff): Natura	d courses XX	Accident	L. 50	icide	Homicide	Undetermin	ed monner .			
	WAR WAR		ACTUAL A	1	12 /	0	In h	7.11	TITLE (SPECIFY)			DATE	11 5 0	_
	¥ES¥E#		SIGNATURE	Pette	ex 7 Vm	uy!	un	Ellen	Assistar	MEDICAL	EXAMINER	DATE SIGNED_	11-5-8	0
	WO DE THE	1	EXAMINER'S NA		aig B Cm	La	MD		111	Donn Ct	Palto	SM C	2120	1
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALLMORE, MARY		(TYPE OR PRINT)		nis F. Sm				ADDRESS		., Balto	J., Mu.	2120	1.
	使用 C 使 C Ø	23a.B	URIAL, CREMATION Buri						R CREMATORY	23d. LOCAT	WN	COUNTY	ST	ATE
07/84 25M	BP	21.5			11/10/86	ua	rrison	rore	est VA Cem		gs MIlls			MD
23/41	DHMH - 17	74 F	UNERAL DIRECTO	R	ADDRESS				ZSa. DATE		ISTRAR 256 REG		NATURE	
	(VR A15 ME (5))	IW	m. C. Mar	cch F/H.	Inc. 11	01 F	. Nort.	h Ave	NU	V 1 () 13	86 11:	Mind -	0	

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02	381	6.4 NOV 1	to CE	EGISTRAR ASED NAME	FIRST			MIDDLE	EXAMIN	EK 3	LAST	CATEO		o. DATE	KNOWN	NO.	TH DAY	YEAR	2b. HOUR
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	1	INERAL DIRECTOR FOR YOUR FILE. WITHIN 72 HOUR PRESTON STREET	1. SEX		4. RACE	5. DATE OF	F BIRTH DAY	YEAR	6. AGE (IN YE		NDER 1 YR.	IF UNDER		RONOU	E	MONT	'H DA'	Y YEAR	2d. HOUR
	3	ON STATE	Ma	The Table	White	,12	30	63	22 y			HOURS		DEA	D	11	6	1986	10:32 PM
1		ASSES SE	FO	RTHPLACE (ST		76. CITIZE	N OF WHA	AT COUN	ITRY?			VER MARRI	ED 🗗			OR COL		DEATH	
		AZE SE	1	Marylan	d /	11 51445	USA	TAL AILU	DE INC HOM	l.	VED D	DIVORCI	ED LISH	Bal	TIMOL	e Cit	-V	(IND OF BI	MD.
	3	A PAGE	/E	Baltimore		Univ	n such facilities it	PITAL, NURSING HOME, OR OTHE CILITY, GIVE STREET ADDRESS) TY HOSPITAL (ST			FOR MOST OF WORKING LIFE)					OR INDU		Corp	
	21201	2, AND 3 TO 3. RETAIN P. S-COUD BE CORECORDS.	13a. S	RESIDENCE (TATE yland	IF IN MURSING HOME OF 136 COUNT Balt:	R OTHER INSTIT Y IMORE	TUTION, GIVE	13c. CITY	OR TOWN	ON)	13d INSIDE (NO XX	13e. STRE	ET ADDR	ress	Rd.	Whit		162 h,Md.
	MD.	N Ver	14/FA	THER'S NAME		WIDDLE			LAST			ER'S MAIDE			MIDDLE			LAST	_
	RE,	OFAIH OFAIH OFAIH OFAIH	1	Haro				Ca	dle			Martha	à .				Wa	rfiel	d
	IWO	ON STANK	160: V	VAS DECEASEL ES, NO, OR UNKNO	EVER IN U.S. ARA	MED FORCE	S?		CIAL SECURIT		17. INFOR				ADDR		70-	7 77	7.4
	BALTIMORE,	SAF GIVE PAGI VISIO		No					0-84-4	432	Mar	tha Ca	adle	Box	159A	Delt	a, Pa		
	T I	E N W W		DARTIDE	F DEATH (Enter onl	DV											BE	APPROXIMAT	T AND DEATH
	NO	VAL.	7	912	IMMEDIAT	E CAUSE (d	BIT	unt	Injuri	es to	o heac	and	chest				-		
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	× .	NI A			e to immediate stating the under-		TO, OR A	S A CON	ISEQUENCE	OF									
	201	EXA EXA NE- NE- NE-		lying cau	se last.	(-)												
	DIVISION OF VITAL RECORDS, 201 W.	S A BUR LTH ANK REMATIC	NO	PART 2 DYHER SH	SNIFICANT CONDITIONS (DNTRIBUTING	TO DEATH BU	IT NOT RELA	ITED TO THE TERM	AINAL DISEA	SE DR CONDITIE	ON GIVEN IN PAI	RT 1 (a).		16.)				
	REG	L CHEA	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19Ь.	CONDITI	ON FOR	WHICH OPER	RATION	VAS PERFO	RMED?				7.71	20	AUTOPSY	?
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	OF.	ALE WEN	E	LINIDEDLVING	L CAUSE WAS	HC	TIME OF I	MONTH	DAY YEA	R		Y OCCURRE						1530	
	O	SA S	IĞ	CONTRIBUTI	NG CAUSE OF D	EATH 9	15°.M.	11-	6- 19 8			of m	otor	cycl	e/tra				
	IVIS	CEP SEP SEP SEP SEP SEP SEP SEP SEP SEP S	MED	21d. INJURY C		5	TREET, FACTO	RY, FARM, E			CATION STREET		5.7	CITY OR T	OWN			llisi	
		WAR WAR TATE		AT WORK	AT WORK	2	ro	ad				Hwy.	W. O	St	evens	s Rd.	,Bal.	to.	MD
		TO MEDICAL EXAMPRES: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIEK DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. EXECUTE THE CERTIFICATE, WRITING THE WHIEF MEDICAL EXAMINER ALONG WITH FORM PM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM TO FUNEAL DIVISION BE USED AS A BURBAL "TRANSIT PERMIT. PAGES TAND. AFTER DEATH, WITH THE STATE OFPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WE BALTAMORE, MANUAND, 2120 PRIOR TO BURBAL, CREMATION, OR REMOVAL.		death resulte	y that I taak charg	e of the ren	279	ibed atil		vicide _	TITLE (SPECIFY)	Undete	Inquir		ond in my			
		A HE STAN	0/	SIGNATURE_	mil	12	7	VI		/	A.D. Assi	istant	MEDI	CAL EXA	MINER	DA SIC	TE SNED	11-7	-86
		MEDIC ECUTE T GE 4 SI FUNER LTMOR		EXAMINER'S (TYPE OR PRI	NAME Char	cles I	e. Ko		M.D.			l11 Pe	enn S	t., 1	Balto	o., MI) 2:	1201	
	- 1	DAY DAY A	23a.B	SPECIFY)	TION, REMOVAL 2		0 01	23c. 1	NAME OF CE	METERY	OR CREMAT	ORY	23d. LO	CATION	Doll	imoré	COUNTY	e free	12F
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			FOR					MARYLAND		.8 6	3 1	5 i	0
2561	DEC -	19	STATE REGISTRAR			DEPARTMENT O				NEO -			
2001	1 000			E FIRST	WEI	DICAL EXAMI	MEK.2	LEKTIFICATE	OF DEA	ATH REG.	NO.		7
			CEASED NAM	E FINST		MIDDLE		LAST		20 DATE KNOWN OF ESTI-	MONTH	DAY YEAR	2b. HOUR
30	EL SS.			Robert	t		McQu	uigan		DEATH MATED	XX 11-5	1986	
M.D. 21201 H. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 3. ACTION OF ELECTOR.	크	3. SEX	(4. RACE	5. DATE OF BIRTH		ER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d. HOUR 9:50		
≿, 9	N 22 CR		Mala	Tibito	MONIN DAY	YEAR CASTBIRT	YRS. MONT	HS DAYS HOURS	MIN.	PRONOUNCED DEAD	11-9	1986	
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Z a	5003	in C	ITY OR TOWN	OF DEATH	U.S.	DITAL ABUREING UG	WIDOV		RCED	Baltimore			MD.
7 =		10. 0			(IF NOT IN SUCH FA	PITAL, NURSING HO	ME, OR OTE 5)	IEK INSTITUTION	FOR	WAL OCCUPATION (1 MOST OF WORKING LIFE)	TYPE OF WORK	D. KIND OF BU OR INDUSTE	
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21201 ANY	를 한 일 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		Md.	130.200		Balto.		YES NO		8 N. Char	100 C+	21218	
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1	5889	(Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	100. SOCIAL SECON	111140.	III. II OKMANI		ADDKE	22		
¥ 150	SEAS		Unkn.					l					
-67	5.5.	60	18. CAUSE O	F DEATH (Enter on ATH WAS CAUSE	ly ane cause per line	far (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	INTERVAL
20	800 V	-	TAKITUE	IMMEDIA	TE CAUSE (a) Art	erioscler	otic (Cardiovaso	cular	Disease			
	000 A					AS A CONSEQUENC			1				
# F7	SEN THE			ns, if any, which se to immediate	(b)								
W			cause (a)	stating the under-	< ''	AS A CONSEQUENCE	F OF						
TE CE	AL TR	100	lying cau	se last.									
¥ 2	3886	20	PART 2 OTHER CI	CNIEICANT CONDITIONS	(c)	NIT 1.07 BC 1750 BC 1750 BC							
RECOIDS.	BE FORWARDED TO THE CHIEF MEDICAL EARNING TECHOR: PAGE 3 SHOULD BE USED AS A BURIA - IN HITE STATE DEPARTMENT OF HEALTH AND NEW YLAND, 21201 PRIOR TO BURIAL, CREMATION ON	z	FART Z OTHER SI	DHILICHHI CONDILIONS	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITION GIVEN IN	PART 1 (a).				
ECC FND	A CRI A SE	CERTIFICATION	19a. DATE OF	OREDATION									
VITAL RE	一番品質	∑ ∑	190. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OP	ERATION W	'AS PERFORMED?			F 162 P 1	20. AUTOPSY?	
VITAL	35258 ~	a E										YES	NO 🛣
ATE W	NO NO NO	G		L CAUSE WAS	21b. TIME OF	MONTH DAY YE	21c. H	OW INJURY OCCUP	RED (ENTER	NATURE OF INJURY IN ITEM I	18 PART 1 OR PART 2).	
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S C S C S C S C S C S C S C S C S C S C	25 SE	Z	WHILE	NOT WHILE C	STREET, FACT	ORY, FARM, ETC.)		TREET		CITY OR TOWN	COUNT	Υ	STATE
Ξ3	PA(PA)	-	ATWORK	AT WORK									
ER:	2 5 H S		27s. I certif	y that I took chara	e of the remains de	abave, held an	Autap	sy , Inspec	tion XX	Inquiry	and in my apinio	an	
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XX	WIT WIT			11.	117	1 7	111	THE (SPECIFY)					
14	DE E		SIGNATURE	Illu	tur ()	hundil	my	Assistar	it wen	ICAL EXAMINER	DATE	11-10-	-86
55	S S S S				0	//			MED	ICAL EXAMINER	SIGNED_		
WE S	光記記言	-	EXAMINER'S	NAME Der	nnis F. Sm	yth M.D.		ADDRESS 111	Penn	St., Balto) Md.	21201	
2	PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a. Bl	JRIAL, CREMAT	ION, REMOVAL 2	3b DATE	23c. NAME OF C	EMETERY	ADDRESS.					
		(5	PECIFY)				LIMETERIO	REMATORY	CITY	OCATION OR TOWN	COUNTY	STA	ATE
07/84 BP		24 FI	JNERAL DIREC	oval	11-24-86			125- 013	E DEC'D ST	DECICEDAD INC. DE	CICTRATICA		
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- NOV 2.8 1895 Julia Scientification - NOV 2.8 1895

245	5 0 0 NO	/ 19	8 ₆ _	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLA SENT OF HEALTH AND N CERTIFICATE OF D	MENT AL HYGIE	NE S S	3	3	Tomas a
十	noy be poge 3		{TYPE	CEASED NAME FIRST	KEY T.M. QU			-1	MONTH DAY	96	7 HOUR
	ge 4 rector.		3. SEX	MALE	Black	S. DATE OF BIRTH	55 S	AGE (IN YEARS LAST BIR	YRS.		HOURS MIN.
	funeral dir	ot once.		md.	76. CITIZEN OF WHAT COUNTRY?		VORCED [BALTIMORE CITY O	CITY		MD.
201	rs ofter	S fiffied		BaltMORE	11. NAME OF HOSPITAL, NURSIN	HOSP		12a. USUAL OCCUPAT		b. KIND OF IDUSTRY	F BUSINESS OR
AND 21	in 24 hou r filled in hould be	must be	13a. S	TATE D 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 134 CITY OR TOWN	MARE YES YES	NO 🗆	3 STREET ADDRESS	ZIP CODEZI	NIA	AVE
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2	on popular	evant, th		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b) one D BY: E CAUSE (a) CALVO 16	11c av 195	t			BETWEEN O	MATE INTERVAL DNSET AND DEATH
PRESTON ST	e death contraction or cortaction, or	troumotic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	1 1 .	audi Ne			1-2	wirks
201 W. P	ed by the pleose ren priol, crem	or other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE						
	require	ny injury,	NTION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D			VAL DISEASE OR CON	206. IF YES, WEI	40	5.55
TAL REC	N. The low hysicion. icate has be ronsit perm Hygiene pr	Shows only	CERTIFICAT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			YES NO	IN CERTIFYING YES	CAUSES	
DIVISION OF VITAL RECORDS,	SICIA ng pl certif certif entol-t	Hem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATIO		D (ENTER NATURE OF INJU	RY IN HEM IB PART I C	PART 2)	168
DIVISIO	NG PH offer the osthell	norked or	MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE F		- F3 /6	CITY OR TO	-1	OUNTY	STATE
	ATTEND ospitol o ECTOR. Ad for use	m 23 is п		270 I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 27b. SIGNATURE	ol) attended the deceased from	DEGREE	(our) apinion de	eath accurred on the d		from the c	
	7 - 7 - 5	F = 1		278 PHYSICIAN'S NAME (TYPE OF	7 I. / She	- ANA A		MEDICAL STA	FF _	220. DATE S	5-186
	O HOSPITAL eroined by the TO FUNERAL should be detroited with the State	MPORTAN		1	Gary L. Cohs	e)	5 Mai	Hospital	of Ba	Hm	ar _
	BP			BURIAL CREMATION, REMOVAL SPECIFY) BURIAL	11/13/84 P	ROUTUS ME	en. PARK	23d LOCATION CITY OR TOWN	US COU		mad.
	DHMH - 16 60M (VRA 15, 4)		C	LATMAN-HA	RRIS FH 1701	mcallon:	ST NOV	rec'd' by registrar 17 1986	Julia Da	order.	Rendell

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+				CEASED NAME FIRST		WIDDIE		LAST	20 DATE		MONTH DAY	YEAR	2b. HOUR
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o E	r. po		3. SE	× ,	1. RACE		5. DATE			YEARS LAST BIRTH	MON!	NDER I YEAR	IF UNDER 24 HRS
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÷ 6	ol di	277		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8. MARRIE	D NEVER MARRIED	9. BALTIM	- 1	COUNTY OF	DEATH	
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5// S	by the	14	10. C	Baltemore		H FACILITY, GIVE	E STREET ADDRESS)	Hospital	(TYPE OF W	ORK FOR MOST OF		NDUSTRY	BUSINESS OR
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o pe	cion ers. P	them			1	0.0		Eddie Mc	WIIIIams	JZ IN AL	rington		AATE INTERVAL NSET AND DEATH
L, BA	physi novo	vent,		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause per ED BY: (TE CAUSE (a)	C D		inco				BETWEEN	NSET AND DEATH
N S	ding or re	otic e		IMMEDIA		PASACON	SEQUENCE OF		-				1
PRESTON he deoth o	ove co	a ca		Conditions, if any, which	((b)_	K AS A COIT	SEGOENCE OF					100	
. PR	the remo	ner tr		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CON	SEQUENCE OF						
thot	d by leose iol, c	or of		underlying cause last.	(c)								
DS, 2	signe hen p	, Yaula	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	ONTRIBUTIN	G TO DEATH BU	NOT RELATED TO THE	TERMINAL DISE	ASE OR COND	ITION GIVEN	IN PART Ita	
DIVISION OF VITAL RECORDS	been mit.] prior	hua C	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 AU	TOPSY?	20b. IF YES, W		
AL RE	has per ene	Swo!	Ĭ						YES 🗆	NO	IN CERTIFYIN		NO [
Z Z	physicii Inficate I-transif al Hygi	18 7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O	F INJURY M. MONT	H DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY	Y IN ITEM 18 PART 1	OR PART 2)	
N OF VI	cer	Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.	Μ.	19			31010			
PHY	er this the bu	papa	MED	21d, INJURY OCCURRED WHILE NOT WHILE	21e. PLACE	OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC)	21f LOCATION STREET		CITY OF TOW	/N	COUNTY	STATE
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9	3P	- 1	-	BURIAL	11/1	1/86	Garden	of Eternal	Hope We	stminis		Mo	1.
DHA	MH - 16 60M		24 F	March Funeral	Homes 1	101 EADE	ORESS No. 1		DATE REC'D. BY	REGISTRAR 2	56 REGISTRAR	SSIGNATU	RE
	(VRA 15, 4)			march runeral	nomes 1.	IOI FG	st North	Avenue	MUV 1 (Gulia Da	ordon.	andres

24942	NOV 25	96-	FOR STATE REGISTRAR			DEP	ARTMENT OF	EALTH AND MENTICATE OF DEA	ITAL HYGIE	ENE O O	ن))
	£		CEASED NAME CHRISTI	BABS	Y Hope	M.		CKLEY		26. DATE OF DEATH NOVEMBER	MONTH	DAY YEAR	8:12 ^A
year peg	Sud _	1. SE			4 RACE		5. DATE			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
ge 4 ector	000		Female		White		Nov.	14, 1986	YEAR	5 days	YRS	MONTHS DAYS	HOURS MIN.
eoth 7	S		RTHPLACE (SPATE OR FO COUNTRY) Maryland	ORE IGN	76. CITIZEN OF		MARRIE WIDOW	D NEVER MAR	RIED A	BALTIMORE CITY O			MD
Os offer of	20	10°TC	TY OR TOWN OF DEA BALTIMORI	39	(IF NOT IN SU	CH FACILITY, GIVE		ROTHER INSTITU		126 USUAL OCCUPATI (TYPE OF WORK FOR MOST O none			OF BUSINESS OR
LND 212			AL RESIDENCE (IF NURSI	136 COUN Balt	TY	13c CITY OR		13d INSIDE CITY I	LIMITS?	935 Punja	ZIP CODE	cle 21	221
AARYLA od withou	让陷	9	Samue 1	M	MIDDLE N	leckley	T.	15. MOTHER'S MA Mary	7	J. MIDDLE	Te	errell	AST
TIMORE.	Poges		AS DECEASED EVER		MED FORCES? E WAR OR DATES)		SECURITY NO.	Mr. Sam	uel Mo	eckley Sar			OXIMATE INTERVAL N ONSET, AND DEATH
NO. 201 W. PRESTON Users Mich the death c	nen please remove can a burnal, cremation or jury, or other traumati	N.	Canditions, if any, gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN	ediate g the last.	(b)	PACMO PRASACONS FRYTHR	SEQUENCE OF	7515 FE7	TR613	PREMATI	ur17	y bia	M
DIVISION OF VITAL RECORDS, 201 NO PHYSICIAN. The law requires the otherwing physician.	dies prior h	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	DITION FOR W	HICH OPERATIC	N WAS PERFORM	ED	20a. AUTOPSY? YES ₩ NO	IN CERTI	S, WERE FIND FYING CAUSE	PINGS USED ES OF DEATH?
OF VITA	tal Hyp	CAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A		H DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART (OR PART 2)	
NOISION STATES Offered of the this	hand Me	MEDIC	21d. INJURY OCCURR	ILF [OF INJURY	PFFICE, FARM, FTC)	21f. LOCATION STREET	ME.	CITY OR TO	WN	COUNTY	STATE
ATTENDIA Osgital or	od for use of	*	220.1 certify that (1) saw the decease abave, (1) (we) (d	d alive on.	Nevemo	ER 19		nd that in (my) (our	r) apinion de	, ta <i>Nov</i> eath accurred on the d	ote and hou	er and from the	, that (I) (we) last e causes stated E SIGNED
PITAL OR by the P	Storte Des	+	22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)	my	3	ATTE PHY		MEDICAL STA	IAN	11/	19/86
O HOS etisined	WPOR!	4	RICHARD &			mD.				INS HOSP	ITAL	-	
вр			BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	Nov. 2	1,1986		s of Fait	th	23d. LOCATION CITYORTOWN Baltimor			state
	6 60M 7/B4	24. F	JNERAL DIRECTOR NAME Leonard J	. Ruc	ek Inc.		nore. Ma	rvland		V 2.1 1986	25b. REGIST	Derder	Randall

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		UM buniz	olt theore, the	Pool Inc. B	J. Ignminf	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO ECEASED NAME 20 DATE OF DEATH 2b HOUR MEEKS Anna November 6, 1986 12:05A LISEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR F W 1910 Mav 10 76 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Baltimore City Pennsylvania U.S.A. WIDOWED DIVORCED T CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore 310 South Norris Street 21223 Cook Restaurant SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

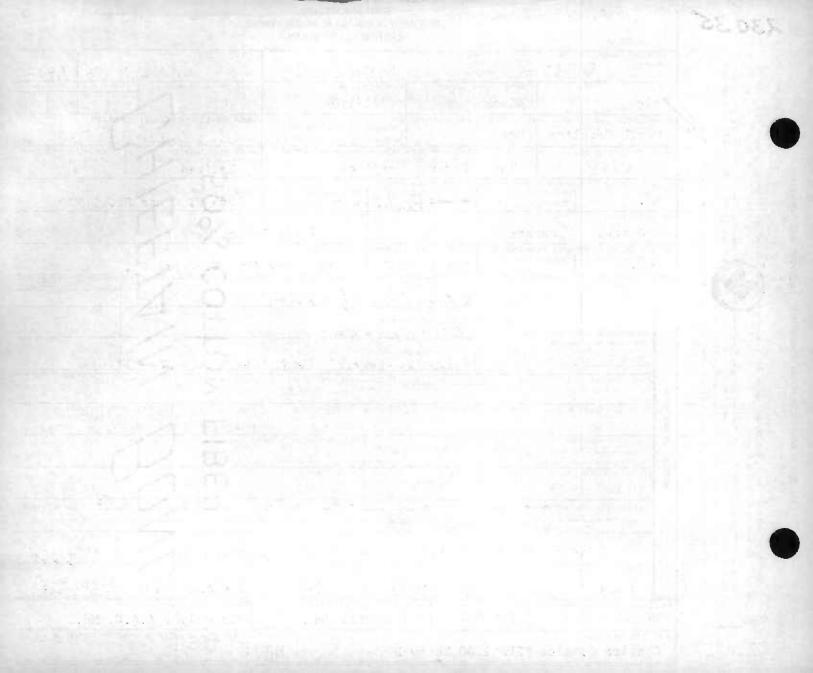
136. STATE

1136. COUNTY

1137. CITY OR TOWN 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 310 S. Norris St. 21223 Maryland YES X NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Novotney Wovtko Wassel Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Alice Meeks/329 S Stricker St/Balto Md 21223 212-28-1765 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lipe) faring), (b), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a. I certify that (1) (this haspital) saw the deceased alive an _, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) we (did) (did not) view the bady after death 22b. SIGNATURI DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [] DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRIN 22e. ADDRESS should be with the S 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIEY) Burial Balto. National Cem. 11/10/86 Baltimore City, MD 21228 Balto Md 21223 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Walters Funeral Home/Pratt & Stricker Streets

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO. DECLASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR Elmer Meile November 15, 1986 5:25A.M George 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAY Male White 26 15 60 BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED A 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Maryland General Hospital REtired Tool& Die Maker ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Penn. York Hanover Black Rock Rd. NOX FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Howard G. Meile Florence Brown 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 66 SOCIAL SECURITY NO Hanover, Pa 17331 Yes 220-18-9255 Mrs. G. Denise Hoke R D 3 P.O. Box 336L APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-Chronic Renal Failure IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Cardio Megaly With Chronic Heart Failure Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE to November 15 19-86 that X (we) last saw the deceased alive an November 15 and that in (m) (aur) apinian death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death 226 SIGNATORE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS c/o Maryland General Hospital MATHEWS 23E NAME OF CEMETERY OR CREMATORY Burial 11/19/86 Lake View Cemetery Skyesville Carroll Md.

(VRA 15, 4)

24 FUNERAL DIRECTOR

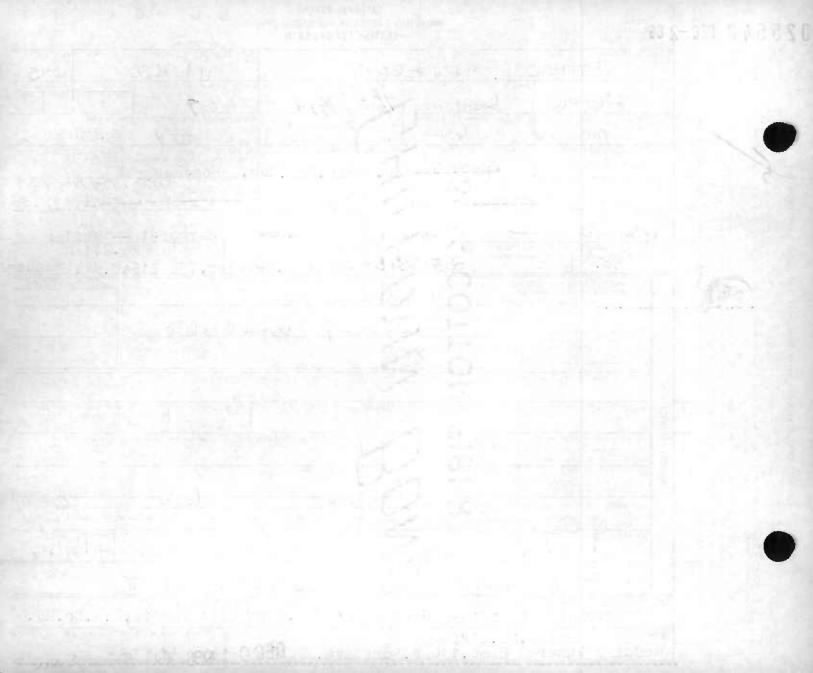
Ruck Towson Funeral Home, Inc.

1050 York Rd

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DR. MICHAEL MACON M.D.

23b. DATE

Nov 17.

1986

23a BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

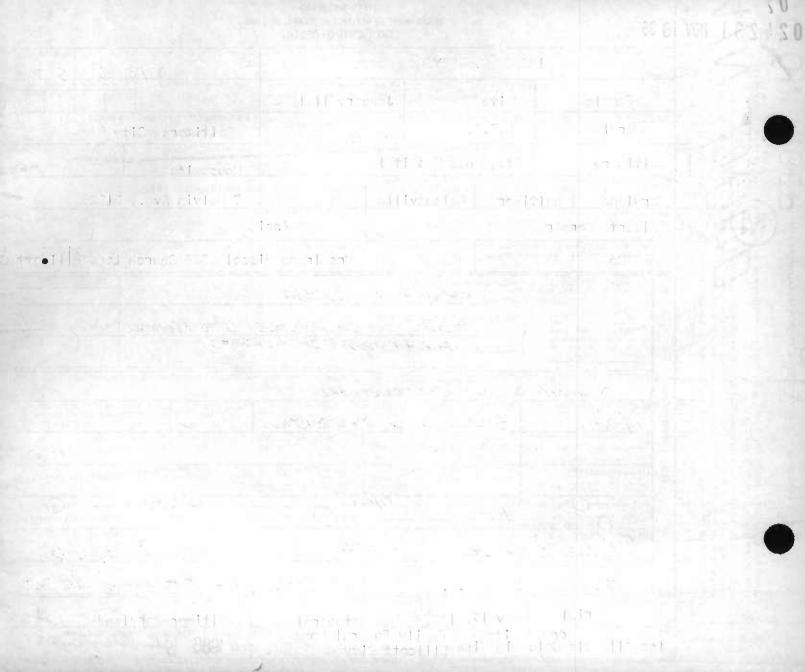
STATE OF MARYLAND

231. NAME OF CEMETERY OR CREMATORY

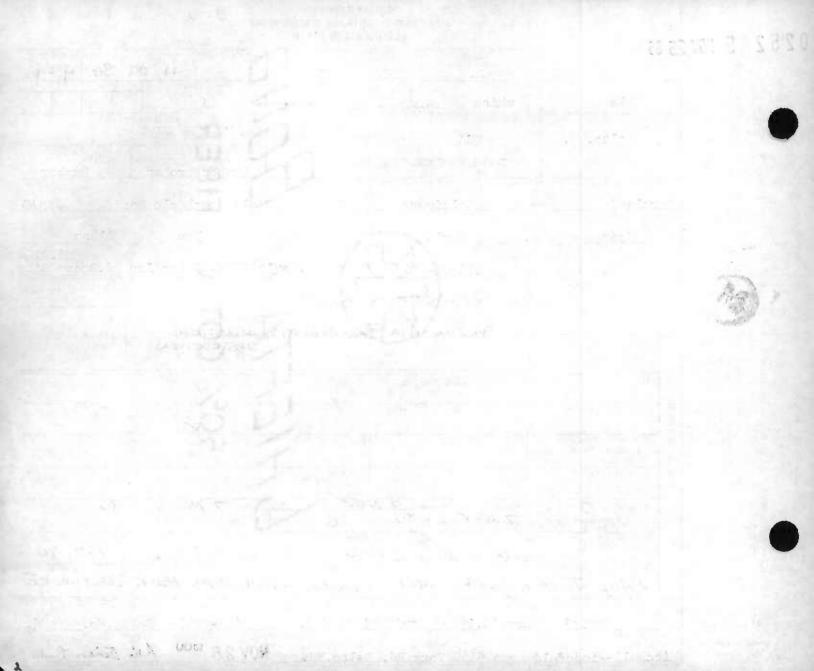
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REG. NO 20. DATE OF DEATH MONTH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 94 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife 13e.STREET ADDRESS / ZIP CODE 7 Melvin Ave.. MIDDLE ADDRESS Mrs Irene Nissel 8329 Church Lane APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOG TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that ig (my) (aur) apinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ALTHNORE. W.D. 2122 BaltimoreMaryland inc 1412 Old Columbia Pike Ellicott City NOV 1 4 1986 Julia Devideon- Rendales

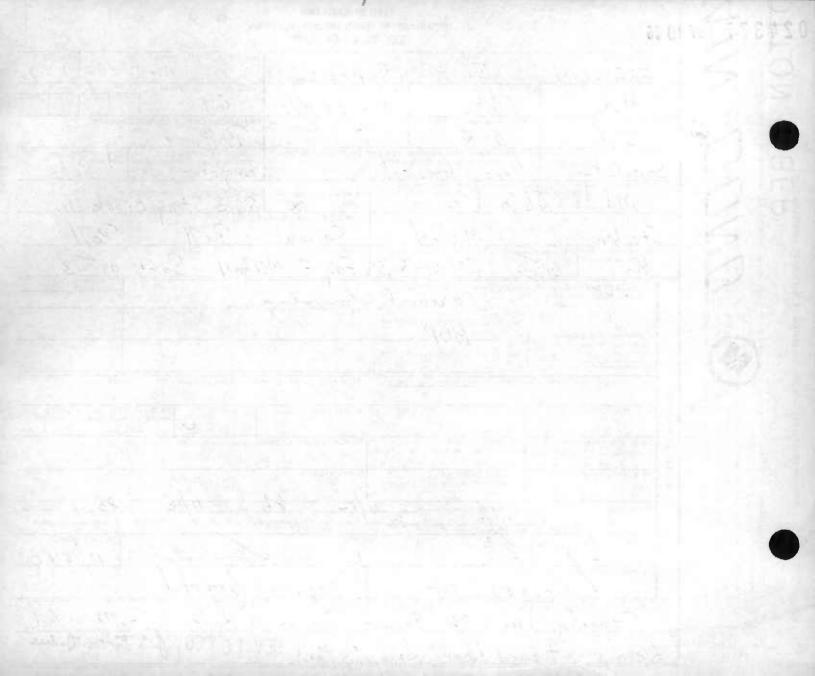
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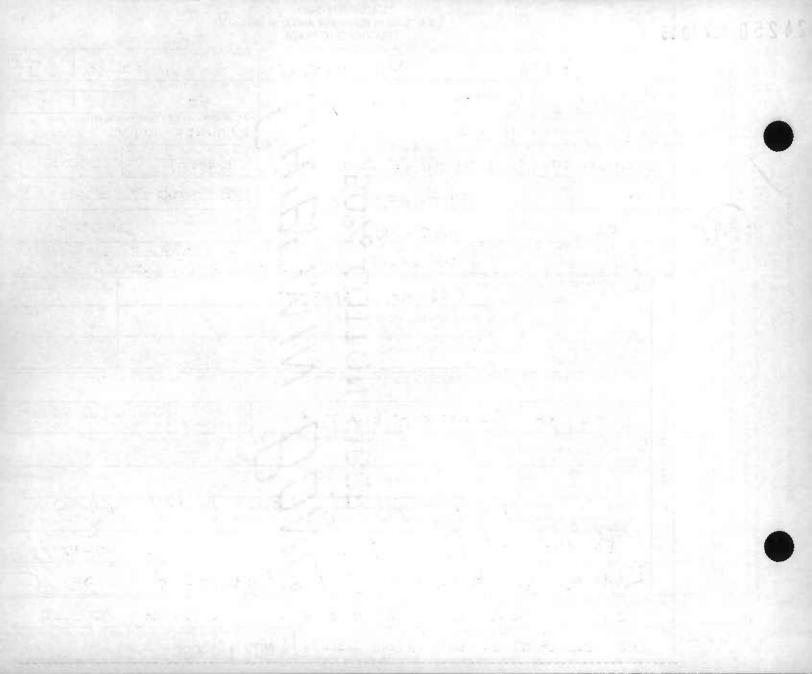
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ong ong	10		IVE WAR OR DATES)	0076	George A.Meyl	a TTT 705 P	***********	Dd Oc	Md.21
p p p	H	No	216-09-		George A. Mey	S III 703 D	rautey		
O THE THE	1	PART I. DEATH WAS CAUS	nly one couse per line for (o), (b ED BY:	, and (c).1				BETWEEN	MATE INTERVAL ONSET AND DEAT
- 1000000000000000000000000000000000000			TE CAUSE (0) KESPIN	LATOR-	ARREST				
signed by en please burial, a	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	5
n. nos been permit. The ne prior to ws ony inj	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFY!!	VERE FINDIN	OF DEATH?
N. The root of the	E E	21g. ACCIDENT WAS UNDERLYING F	216. TIME OF INJURY		13), HOW MILLIPY OCCUPY	YES NOW	YES		NO 🗆
SICIAN: ng phys certifico priol-tror ental Hy Item 18	2	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	23c. HOW INJURY OCCURI	(ENTER NATURE OF INJUR	IN ITEM IB PART	I OR PART 2)	
G PHYS ottendir er this s the bu and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
DIN OF A			ntol) ottended the deceased fro	m 3 /	10V 19 86	10 7 NO	/ 10	86	tho (li)(we) l
TEN TOR Propres			n 7 NOV 1		nd that in () (our) opinion		te and hour o	nd from the	couses stated
ATTEN hospitol RECTOR ed for u pt. of He em 21 is		obove (1) (we) (did) (did no 22b. SIGNATURE	ot) view the body after death.		DEGREE				
0 0 0 0 =		TES. SIGNATURE	10/1			MEDICAL STAF		22c. DATE	SIGNED
RAL det tote	-	7	rux/reko	un!	PHYSICIAN [DIRECTOR PHYSICI		11-	1-14
reformed by the TO FUNERAL I should be deto with the Stote I IMPORTANT: If	6	PAUL J. 17	/	MD	UNION ME	MORIAL ,	HOSP.	BALT	more
D = 543 ₹	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		(SPECIFY) Burial	Nov.10,1986	Druid I	Ridge Cem.	Pikesvill	e Ral	to.Co.	STATE Md
	24. F	UNERAL DIRECTOR	12.00 . 10 . 1 . 7 . 0 . 1	- L 0 L 0 1	250. DAT				
DHMH - 16 60M 7/84		NAME	ADDRE		Carlotte and the last	שומע חב ושטו			0.1.6
(VRA 15, 4)	Mi	tchell-Wiedefel	ld Home 6500 Yo	rk Rd.	Balto.Md.	CPANN	Childre	Denda	m. Rando



01075		400		STATE OF MARYLAND	8 6	3 5 2
24377 NOV	9	TATE REGISTRAR	DEPA	RETMENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	REG. NO.	
	I. DE	EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
# 10 E	Chand	FRANKLIN	E.	MICHAEL	11-	16-86 1:12 PM
1 d 4	1.5E	u l	RACE / /	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
age age and a section of the section		Mare	White	Ture 27, 1917	G 7 YRS.	V 000000
to the state of		RTHPLACE ISLATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Count	Tity MD.
of the to	10 5	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NUR UF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS O TO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) ENGINEER SQL	
Ab hours	13a. S	AL RESIDENCE (IF NURSING HO FOR C STATE) 136 DUM	TY RESIDENCE BY 130 CHY OR TO	ORE ADMISSION)	13. STREET ADDRESS / ZIP COO	20211
ARYLAI polessiy t	5	THER'S NAME	ALCO BOW)	15 MOTHER'S MAIDEN NA		DIASTY/
ORE, M	16a. \		AED EORCES? 166 SOCIAL SE AED FORDATES) 305-01	2212 F F X	ADDRESS ADDRESS	Ba/1 #12
A CT	L	783 WU	111/ 305-01	da 13 fay t. /1	ichael Jame	
T., BA		PART I. DE ATH WAS CAUSED IMMEDIATE	BY:	wal hemore		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON S the certification of the			DUE TO, OR AS A CONSE	QUENCE OF		
dera dera		Canditions, if any, which gove rise to immediate	(b) ABV			
		cause (o), stating the underlying couse lost	DUE TO, OR AS A CONSE	QUENCE OF		
DS, 201	Z.	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The Iber requires that the direct certificate be executed within 24 hours cartending physician parallel than been and accompletely filled in bits the burial-hourst parallel. Then older carbon papers Pages 1 and 2 should be filled in and Mental Hygiere prior to b. 201. Segiption, or entoyed. Only the medical segment of the property of differ transmatic event, the medical segment must be a carked as them.	CERTIFICATION	19s. DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
DE VITA THEORY THEORY THEORY THEORY THEORY THEORY		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
HYSK nding hy ce thunk d Men ar he	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
MG P	,	AT WORK NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFI	LE, FARM, ETC.)	1 1.0	- 0.0
END o o o o Heoli		22a.1 certify that (I) (this hospital	al) attended the deceased fro	A	6 to 1/10	, 19 6 , that (I) (we) lost
ATT espit ed to m 21	10	saw the deceased alive on above, (I) (we) (did) (did not) 22b. SIGNATURE	view the/body after death.	DEGREE	death occurred on the date and ha	The DATE SIGNED
FALOR AND DIRECTOR OF DIRECTOR Disputs		Ch.	Ver_	ATTENDING PHYSICIAN	DIRECTOR STAFF	11/16/18
HOSPI Binned & FUNEI PORTAY		22d. PHYSICIAN 3 HAME IN	NO OH	Mucz	Hospital	
22		SURIAL, CREMATION, REMOVAL	278 DATE 2	NAME OF CEMETERY OF CREMANORY	23d LOCATION	DOUNT! KIND
ВР	24 5	UNERAL DIRECTOR	11-17-86	Decurity Process	Belt.	Ballo Mal
DHMH - 16 60M 7/84 (VRA 15, 4)		Vardes Tul	reval Home	Anna 00/3 Mel 250. M	# 1986 256 July	STRATS SIGNATURALLE



21.2		11014	. 1		FOR		DEP		E OF MARYLAND IEALTH AND MENTAL HY	GIENE B	5 3	1 5	2 2
44 6	. 5 U	VON	18	18 -	STATE REGISTRAR				ICATE OF DEATH		EC NO		
					CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DE	EG. NO. ATH MONTH I	DAY YEAR 2b.	HOUR 2 0
	pe	poge 3 er deoth		(TYPE	ORPRINT) YET	TA		MIC	HAT-LSOX)		11 1:	2 8/	12 AM
	Моу	pod ,		3. SE	(4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS		IF UNDER 1 YEAR IF U	NDER 24 HRS
	ge 4	irector, po		4	EMALE	MHI	TE	MONTH 05	PAY YEAR	9	O YRS.	MONTHS DAYS HO	URS MIN.
	- G	70 0	11		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER MARRIED		TTY OR COUNTY	OF DEATH	
	deat	thin 72 l	6	1	モレ-	11.5	A	WIDOWE	DIVORCED	BALTIM		Y	MD.
	fer	0 3	17	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NU	TREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCC	UPATION	12b. KIND OF BU	
1201	5	by file	0	15/	TO MORE CITY)outh	BALTIN	14.16.0	EN. Itospital	TOUDE	WIFE VORKING LIFE	AI HON	Bi .
BALTIMORE, MARYLAND 21201	n 24 ho	illed in	35	13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b COL	JNTY	BALTI		13d. INSIDE CITY LIMITS?	15505 M2	NNAKA CAV	E. #21215	
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, MA	rted		O.	30	ELI		Wol	FMAN	ŔÄYZEL	LA		UNKNOWN	
ORE	exect	Page	1		VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)		SECURITY NO. 12-08121	1	ROBERT MI		APT. L	
MITI	e pe								1 8310 SANDS	POINT BLV	D., TAMA		321
	ficot	a physicia on papers emovol.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one cause pe SED BY:	er line for to 1, (b	n, and (c).)	ARREST			APPROXIMATE BETWEEN ONSE	AND DEATH
TS N	certifico				IMMED!	ATE CAUSE (a)	CAR	VIAC	AKICO				
510	deoth	ave co			Canditions, if any, which	DUE TO, (or as a cons	EOUENCE OF					
PR	the	the atternave			gave rise to immediate cause (a), stating the)	OR AS A CONS	FOLIENCE OF					
*	‡od ‡od	ed by the attendin sleose remave carb rial, cremotion, ar			underlying couse last.	(e)_	JK A3 A CON3	LOOEIVEE OI					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	es	and and		7	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	CONDITION GIV	EN IN PART 110	
ORD	requir	cht.s		10									
REC	Jow	hos bee t permit. ene pria	7	CERTIFICATION	190. DATE OF OPERATION	196. CONE	A) CDZIF	- HE RY	N WAS PERFORMED	200 AUTOPSY	IN CERTIF	, WERE FINDINGS I	EATH?
ITAL	: The		-	ERTI	21g. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY	5 7	21c. HOW INJURY OCCU	YES NO	_	y	0 🗆
N-Y-C	Physi	certificate rriol-tronsi entol Hygi			OR CONTRIBUTING CAUSE OF D	EATH HOUR A	A.M. MONTH		111110111111111111111111111111111111111	TENIER INATORE	OF INJURY IN TIEM 16 FA	ART TORPART 2)	
N O	PHYSICI ending	the buriol-t ond Mentol		MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	19	21f. LOCATION				
VISI	0 =	OR: After this certi- use as the burial- Health and Menta- is marked or term		X	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CIT	Y OR TOWN	COUNTY	STATE
۵	N D	OR: After use os t Health o			22a.1 certify tho (1) (this hos			om	01/ 19 8	(to	12/	19 8 1, that	(we) lost
	ATTENDIN ospitol ar	of of			saw the deceased alive a above (1) (we) (did) (bid)	n _ l	y ofter death.	19 06,00	nd that in (my) (bur) opiniar	death occurred on	the date and hour		,
	2 4	detached are Dept.			22h SIGNATURE	- 11	1.	1	DEGREE			22c. DATE SIGN	VED /
	TAL O	NERAL I be deta le State I			(wy	N	lun	- /	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	11-12	-86
		FUNERAL uld be detent the State			KILLARI &	(Olimint)	Kin 1	4.0	220. ADDRESS & +	Lahre	0 81	101	1
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				24 FL	INERAL DIRECTOR SC	L LEVIN				TE REC'D. BY REGIS			
		- 16 60M 7. RA 15, 4)	/84		6010 REISTERS	YOWN RD.	BALTO	ess, MD		IOV 1 4 10		p 4	^



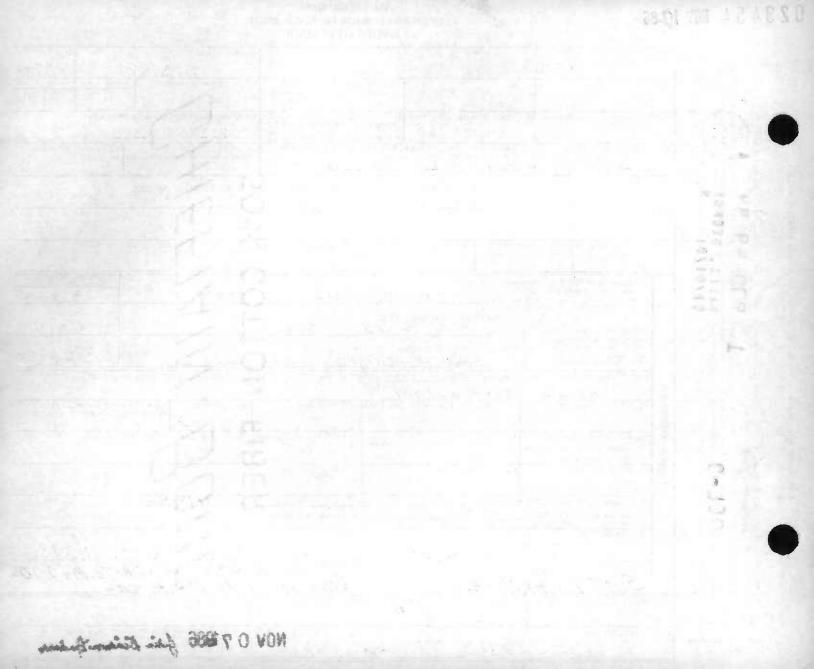
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Maryland

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3 4 5 4 NOV 1	4	FOR STATE REGISTRAR	F ipo	DEPARTM	ENT OF HEALTH AND CERTIFICATE OF	MENTAL HY	GIENE & O	3	2	2 3
3 3 3 3 3	1. DE	CEASED NAME FIRST	MIDDL	E	LAST		20. DATE OF DEATH	MONTH, DAY	YEAR	26 HOUR
of h		GEORG.	F		MILES		11	12/06		9:27A
ob de de	3. SE		4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST B	13/80	UNDER I YEAR	IF UNDER 24 HRS
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8	2 n B	Male IRTHPLACE (STATE OR FOREIGN	White	AT COUNTRY?	1 1	01	9. BALTIMORE CITY	YRS.	EDEATH	
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ov the		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	CILITY, GIVE STREET AS	HOME OR OTHER IN HOSPITAL	ISTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND O INDUSTRY	F BUSINESS O
be fin	USU.	AL RESIDENCE (IF NURSING HOME			DMISSION)	CITYLLLITES	Le CYPET ADDRESS	4710 0000		
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\$ O 5 00 00	160 \	WAS DECEASED EVER IN U.S.	APAGED FORCES? 16h	SOCIAL SECUR	ITY NO. 17. INFORA	AANT	ADDE	RESS		
a se			GIVE WAR OR DATES)	JOCIAL JECON	117.10.	VICE TO THE PARTY OF THE PARTY				
9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Mnkn.							ADDROV	MATE INVENIAL
at of the state of		PART I, DEATH WAS CAU	anly ane cause per line SED BY:					1700		MATÉ INTERVAL ONSET AND DEATI
Parking Phil	7		IATE CAUSE (0)	CARDI	OPULMONAR	y A	ROST			3 MINS
	1	111	DUE TO, OR AS	A CONSEQUEN						
death attending a stian, a stian, a stian, a		Conditions, if any, which gave rise to immediate	(b)	A	CUTE /	45 PIRAT	ION		(MIN
by the ase remail, cremail.		cause (a), stating the underlying cause last.		URRENT	NCE OF ASPIRATION	o phi	BUNULLAS		3	wks
ned ned ned		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTI	RIBUTING TO DI	EATH BUT NOT RELAT	ED TO THE TERA	AINAL DISEASE OR CO	NDITION GIVEN	IN PART 1	0
n significant	o N	ANOXIC	ENCEPI	LICOPATH	4					
hos been prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH C	PERATION WAS PER	FORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFY IN YES [NG CAUSES	NGS USED OF DEATH?
ICIAN: The property of the pro		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M.	JURY MONTH DAY	Y YEAR	INJURY OCCUR	RED (ENTER NATURE OF IN			
ST ST ST	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF II		211 LOCA					
Affer this as the house of the	ME	WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FAI		EET	CITY OR T	OWN	COUNTY	STATE
OR ATTEND - haspital - DIRECTOR: - Dept of Hery - I fem 21 is m		saw the deceased alive abave, (I) (we) (did) (did	on /1/3/8	6 19		y) (aur) apinian	death occurred an the	date and hour ar		that (1) (we) lo
OR A Collection of the Collect		22b. SIGNATURE	- O	deam.	DEGREE			W-150	22c. DATE	SIGNED
SPITAL OR d by the Mg NERAL DIRE be detoche e Stote Dep TANT: If the		22d. PHYSICIAN'S NAME ITE	Curino	le M	1	PHYSICIAN [MEDICAL STA	AFF	111.	3/86
CO HOSPITAL etained by th TO FUNERAL should be dett with the State IMPORTANT:		SCOTT C	ARNIVAL	E	John	15 Ho	PKINS Ha	SPITA	70.M	102128
D 5 5 4 3 ₹		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N.	AME OF CEMETERY O	R CREMATORY	23d. LOCATION		OUNTY	STATE
BP		Removal	11-5-86	;			CITTORIOWN	c	CONTY	STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR				25NO	TE REC'D BY DECISERA	R 256 REGISTRAL		URE
(VRA 15, 4)			v Board	ADDRESS	Balto	Md.	A 0 1 100	Julia Dea	とかって	mines
	-	AHATOM	y Buarti		Dallu	PIU . I		-		



		1.	FOR 11-25-86 STATE REGISTRARY	LONE	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	3 5 2 6
2496	A NOV 2	5 PG	GEASED NAME FIRST GI	EORGE B.	MILHO	LLAND	20. DATE OF DEATH MONTH	18 86 704AM
ge 4 ma	rs ofter o	3. SE	Male	White		. 4. 1905 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
eath. Pa	n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUP U.S.A.	MARRIE WIDOW	NEVER MARRIED DIVORCED	Baltimore City or Co	
a Hos	by the fune filed within notified of		TY OR TOWN OF DEATH 1timore City	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE The Union Me	STREET ADDRESS)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK Manager	RING LIFE) 12b KIND OF BUSINESS OR INDUSTRY Apartment
AND 212	filled in	Ma Ma	AL RESIDENCE (IF NURSING HOME OF ATTYLAND)		EBEFORE ADMISSION) TOWN LMOTE	13d INSIDE CITY LIMITS?	3201 N. Char	CODE St. 21218
within	C & Sala	14 F/	James	Mulhol ^A	land	Margaret	WIDDLE	Edgington
(1)	Pages 1		VAS DECEASED EVER IN U.S. AR		SECURITY NO. 5-2059	I7 INFORMANT E.Mulholland	ADDRESS ADDRESS ADDRESS	rt St. 21218
T., B.A.L.	physicio inpapers imaval ivent, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly ane couse per line for (a), (c) BY: TE CAUSE (a)	ong esh	ve heart f.	niture	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON	signed by the attendinen please remove car to burial, cremation, a jury, ar ather traumat	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON	sequence of	nbolism, po	(ure assibly cardian minal disease or condition	<u> </u>
VISION OF VITAL RECORDS, 201 G PHYSICIAN: The low requires the attending physician.	has been permit. T ene prior ows ony in	CERTIFICATION	190 DATE OF OPERATION 11-3-86 210. ACCIDENT WAS UNDERLYING		schem	N WAS PERFORMED	YES NO NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO EM 18 PART OR PART 2)
MVISION OF A	tter this certificate is the burial-transit hand Mental Hygi riked or Item 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK		19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN Sspital or	CTOR: Al d for use o 1. af Healt n 21 is mo			tol) attended the deceased (1 - 1 8)	19 86 o		death accurred on the date on	19 that we lost ad haur and fram the causes stated
ITAL OR by the ho	RAL DIRECT detached forther State Dept. o.		22d. PHYSICIAN'S NAME (TYPE O	S. O'Danie	e	DEGREE ATTENDING PHYSICIAN [1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [22. DATE SIGNED 11-18-86
TO HOSP	Should be detace with the State E	-	Patrick G	· O'Daniel		union A	removial H	orpital.
BP_			BURIAL, CREMATION, REMOVAL	23b. DATE 11-19-86	Greenme	emetery or crematory ount	Baltimore C	
	16 60M 7/B4 RA 15, 4)		UNERAL DIRECTOR .tchell-Wiedefe	ld Home 6500	ork Roa	d 21212	DEC 3 BY REGISTRAR 256 R	EGISTRAR'S SIGNATURE

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024270 NOV	FOR JATE REGISTRAR	Di	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
2	1. DECEASED NAME	FIRST MIDDLE	LAST	2a DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
nay be page 3 er death	(TYPE OR PRINT) ART	HUR Henry	MILLER	X	12 86 XII:32 pm			
mo)	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ecto rrs of	3 MALE	10 WHITE	JO NONTH 3 DAY	YEAR X 75 YRS				
8 TH 427	To BIRTHPLACE (STATE OR FO		JNTRY? 8 MARRIED NEVER MA	ARRIED 9. BALTIMORE CITY OR COUN	TY OF DEATH			
	Maryland	U.S.A.	WIDOWED DIV	DRCED KBaltimore City	MD.			
8	BALTIMORE	(IF NOT IN SUCH FACILITY, GI	COTT KEY HOSTPI	(TYPE OF WORK FOR MOST OF WORKING	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY			
AND 7	OSUAL RESIDENCE (# NURS 130, STATE Maryland	COUNTY 13L CITY O	imore 13d INSIDE CIT	24 Belhaven I	Prive 21236			
RYI With	FATHER'S NAME	MIDDLE	AST IS. MOTHER'S A	MAIDEN NAME RST MIDDLE	LAST			
W P	Charles		ller Rose	H	Iolsman			
TIMORE be exec	160. WAS DECEASED EVER IN (xes, no or unknown) NO	(IF YES, GIVE WAR OR DATES)	17 INFORMAN 07-3487 Mrs. A		ame as 13e			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND DING PHYSICIAN: The law requires that the death certificate be executed within 24 After this certificate has been signed by the attending physician. After this certificate has been signed by the attending physician certificate has been signed by the attending physician certificate of 2 afterior of the buriol-transit permit. Then please remove carbonpaper. The control of 2 afterior harded or frem 18 shaws any injury, or other traumatic event, the research of the control of the contro	Conditions, if any, gove rise to imme couse (o), storting underlying couse PART 2. OTHER SIGNII CONTRIBUTING CA CIF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	DUE TO, OR AS A COI which diate the lost. CLICANT CONDITIONS CONTRIBUTION DIPPLO CONDITION FOR LEXAMINER DIPPLO CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY)	NSEQUENCE OF NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO WHICH OPERATION WAS PERFORE TH DAY YEAR 19 211. LOCATION STREET	O THE TERMINAL DISEASE OR CONDITION OF MED 200 AUTOPSY? IN CER VES NO UNIT OF INJURY IN THEM IN CITY OR TOWN	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO RART 1 OR PART 2) COUNTY STATE			
TO HOSPITAL OR ATTEND retained by the hospital of TO FunkRal DIRECTOR: should be detached for use with the State Dept. of Hee IMPORTANT; if hem 21 is n	30. BURIAL, CREMATION, RICEPECIFY		DEGREE AT PH 22e. ADDRESS 23c. NAME OF CEMETERY OR CR	TEMATORY 234 LOCATION	22c. DATE SIGNED 11/12/86			
BP	Burial	11/15/1986	Moreland Memor	ial Pk. Baltimore, M	laryland			
DHMH - 16 60M 7/84 (VRA 15, 4)	Leonard J.	Ruck, Inc. Baltin	ore, Maryland	256. DATÉ REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE			

THAT ALTON L.S.L. 24. Mollacen Drive 21.15 Maryland | Baltimore | Baltimore Henry Miller OLU-07-1987 Mrs. Annahelle L. Miller wame as kin

and the Fig. Val.

Bortal Unitary Maryland Managant C. Dellarore, Maryland Leongra D. Deck, Inc. Deltarore, Maryland C. Miller & Company Company

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DI. REGISTRAR REG. NO I. DECLASED NAME 20 DATE KNOWNY DAY 2h HOUR (TYPE OR PRINT) ESTI-DELAY IS NECESSARY, PLEASE 31 OTHE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DEFILED, WITHIN 72 HOURS. RDS, PQI W. PRESTON STREET, Miller, Jr. DEATH MATED Martin 11-18 19 86 . SEX 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 2d. HOUR IF UNDER 24 HRS DATE male 1950 LAST BIRTHDAY) PRONOUNCED 10:25 white 1986 36YRS 11-18 DEAD a. M To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Philadelphia.Pa. U.S.A. Baltimore City, WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Clerk. Subernarket S1, 2, AND 3 TO 1 PM 3. RETAIN PA ND 2 SHOULD BE F Baltimore University Hospital - STU USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pennsylvania Philadelphia 134 INSIDE CITY LIMITS? 1012 Fanshawe St. Phila, Pa. Philadelphia 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Martin Miller Sr. Helen T. Birkenheier C. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, ORUNKNOWN) (IF YES, GIVE WAR OR DATES) 164-40-3694 Mrs. Margaret Hunsinger same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Head (handgun) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO. OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 19g, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (head only 210 EXTERNAL CAUSE WAS 116. TIME OF INJURY (APPROX. HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING ANOR MEDICAL 10.05 11-8 19 86 subject shot himself CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 71f. LOCATION 71d INJURY OCCURRED WHILE AT WORK AT WORK XX STREET, FACTORY, FARM, ETC.) P.O. Box 1154 Jefferson St., St. Michaels, Home (nead only Talbot Co., Md. Autapsy XX 22a. I certify that I taak charge of the remains desgribed above, held and in my apinion death resulted from Natural courses Hamicide Undetermined manner Assistant 11-19-86 SIGNED. EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. 21201 TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY (SPECC) Cremation 11/20/86 Delaware Valley Crem Southhampton Penna 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc 5305 Harford Rd Balto. NOV 2 1 1986 Julia Marian De (VR A15 ME (5))

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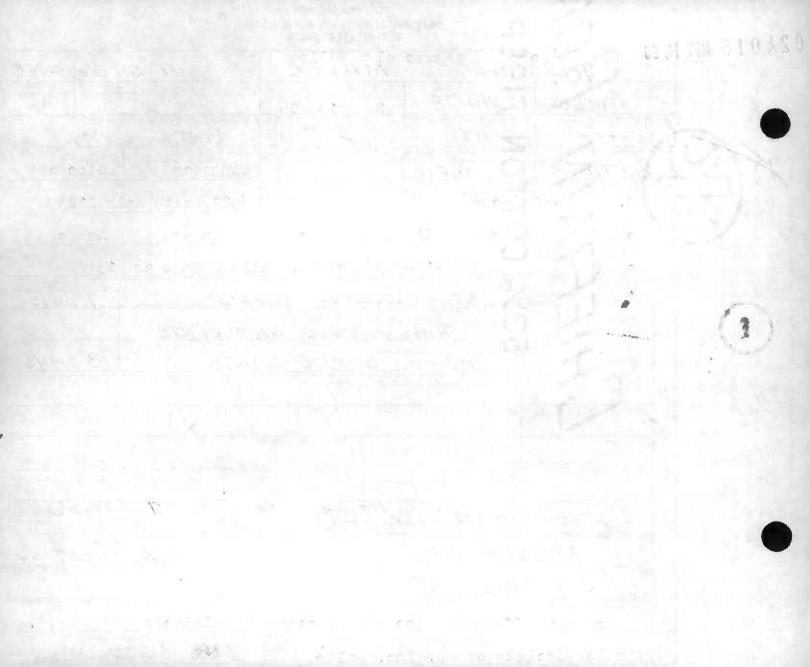
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noy be	TYPE OR	ASED NAME FIRST JOHN HERS	hn MIDDLE HEI	EL J. Miller			20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 3:00 A			
ector. po	3. SEX	MALE	4. RACE WHITE	4		6. AGE (IN YEARS LAST BIRTI	YRS YRS	AYS HOURS MIN.		
And 17 19 19 19 19 19 19 19 19 19 19 19 19 19	N	ebraska	76. CITIZEN OF WHAT COUN	MARRIE			more Ci	Ty MD.		
0 /8 /	1	3 MTIMORE	II. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ME)	CU	OR OTHER INSTITUTION	IZa USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Engineer	WORKING LIFET INDUST	ircraft		
LAND 21	13a STA	Md. Bal	other institution, give residence 13c. City or		13d. INSIDE CITY LIMITS? YES NO S	- 6323 Lei	zip CODE th Walk 2	21239		
E. MARYI	0			iller	Lucy 17 INFORMANT	Lamso		shford		
BALTIMORE, me be execu- oper. Poge red.	(YES		E WAR OR DATES!		John S. M		e as #13			
	18	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STAPHYLOCOCCUS SEPSIS A DAYS								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OR PHYSICIAN: The low requires that indicate the other ding physicion. The this certificate has been signed by its effections to be brighted by the hand American Properties of the burdel-tronsit permit. Then please the hand American properties to burgel, a martine or term orked or frem 18 shows ony injury, or other treatment orked or frem 18 shows ony injury, or other treatment.		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. ART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	DUE TO, OR AS A CONSEQUENCE OF (b) RHEWMATOID ARTHRITIS DUE TO, OR AS A CONSEQUENCE OF (c) MULTIPLE SEPTIC JUINTS NOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION						
TALRECORDS, 2 The low require licion. The hos been sign sait permit. Their grane prior to bu shows ony injury.	STIFIC	a DATE OF OPERATION	19b. CONDITION FOR W	/HICH OPERATIO		20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	ISES OF DEATH?		
IVISION OF VITA TO PHYSICIAN: TI offending physicia ter this certificote is the buriol-tronsis cond Mentol Hygy rked or Item 18 sh	MEDICAL	I. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA UP EITHER NOTIFY MEDICAL EXAMINER I. NJURY OCCURRED NOT WHILE WORK AT WORK	TH HOUR A.M. MONTH	19	211 LOCATION STREET	RRED (ENTER NATURE OF INJUR				
ok ATTENDO e hospitol or DIRECTOR: A ched for use Dept of Heal		20.1 certify that (1) (this hospi sow the decease clive on above (1) the fidid (idid no 2b. SIGN and E	11-07	19 86 0		m death occurred on the do	te and hour and from 22c. D.	the couses stoted ATE SIGNED		
TO HOSPITAL of retoined by the TO FUNERAL IS should be detoined with the Store [IMPORTANT, If	23a. BUI	RIAL, CREMATION, REMOVAL	NESBITI 123b. DATE		EMETERY OR CREMATORY	23d. LOCATION				
BP	(58	Cremation	11-7-86	The second second	ty Process	Baltim		Md.		
DHMH - 16 60M 7/84 (VRA 15, 4)		eral director NAME emation Soc	iety of Md	Tnc	Mu.	V 1 3 1986	Sh REGISTRAR'S SIGI			



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120)	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offercit. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and state of the funeral director, page 3 should be detached for use as the busial-stonsis permit. Then please remove corbanoppers. Page 12 miled be filed within 72 hours after death with the State Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical forms an extracophical defaults.
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025282 NOV

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	GOASED NAME FIRST	MIDDE	E	L	AST	1/97/11	20. DATE OF DEATH MO	DA HTM	YEAR	2b. HOUR
(TYPE	E OR PRINT) MANT	N K	m	1215	R			18	86	0800 M
3. SE	Х	4. RACE	10000	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
	MALE	cauc		MONTH	OS DAY	08	78	YRS.	INTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?	8 MARRIE	D NEVER A	AARRIED 🗍	9. BALTIMORE CITY OR C	COUNTY	FDEATH	
	ILLINOIS	USA		WIDOWE	D DN	ORCED	BALTIMORE	CITY	7	MD
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FACE	PITAL, NURSING		OR OTHER INST	NOITUTION	128 USUAL OCCUPATION			F BUSINESS OR
	BALTIMORE		SINAI HO			25/17/18	AT LA	W		
13a. :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		RESIDENCE BEFORE A CITY OR TOWN BALTIMO		13d INSIDE C	ITY LIMITS?	13e.STREEA PADRESS 18			
14. F	ATHER'S NAME	MIDDLE MTT				MAIDEN NAM	AE 1190 W.NOR	THER		
0	FIRSTMAX	wipore MTI	LERS			ANNIE	MIDDLE		LEIF	BOWITZ
			SOCIAL SECUR	ITY NO.	17 INFORMA	NT MR	S. HILDRETH'S	MILLE	ER APT	618
1	YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) WWII-ARMY 328-07-8466				1190	1190 W.NORTHERN PARKWAY #21210				
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line ED BY: TE CAUSE (o)	for 101, 161, and CARDIA	e Ar	PREST				APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
	Conditions, if ony, which (b) CARDITE ARRITMENTS									
	gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
ğ	DIFFUSE VASCULAR DISEASE (MO CVA, MI, 2 enterial bypan surgene)									
MEDICAL CERTIFICATION	198. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION /PETER I AC EMPERILIS					RMED			WERE FINDIN ING CAUSES	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.	JURY MONTH DAY	YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IF	NITEM IB PAR	T I OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF I	NJURY FACTORY, OFFICE, FAR	RM, ETC)	21f. LOCATIO	N	CITY OR TOWN		COUNTY	STATE
	22a.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	11	117 19 8	11 6 or	nd that in (my)	, 19 86 (our) opinion d	to 11/18 leoth occurred on the date	ond hour	Sond from the	that (I) (we) lost
	22b. SIGNATURE	X Shipu	4	M.	0.	TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	×	22c DATE	SIGNED / SE
	22 PHYSICIAN'S NAME (TYPE O	6	M.D.		22e. ADDRES		BALTO.,MD	2	1215	
	BURIAL, CREMATION, REMOVAL	NOV . 21,			EMETERY OR C		23d LOCATION CITY OR TOWN BALTIM	ORE	COUNTY MA	RYLAND

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO RESS MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

24. FUNERAL DIRECTOR

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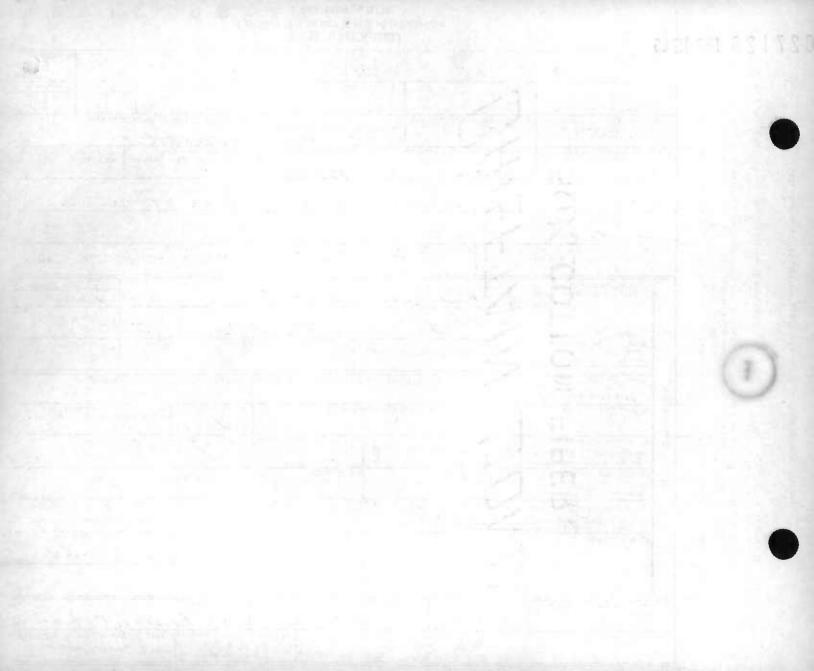
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0 2	TT	0 0	1101	1. DE	EASED NAME FIRST	MIDDLE	LAST		MONTH DAY YE	AR 2b. HOUR
	e o	poge 3		(TYPE	ORPRINT) TRUMA	N C	MITTER			P P
	moy	Pog er de		3. SEX		RACE	MITTER 5. DATE OF BIRTH	NOVEMBER	13 1986	1:40 M YEAR IF UNDER 24 HRS
	0.00 A	urs oft		-	M	CAUC.	AU6 30 193	5 51	YRS.	DAYS HOURS MIN.
	٠ .	ol di 72 ho	\$25		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
	o o o	fune thin 7	No married	10 (1	TY OR TOWN OF DEATH	DIS FI	WIDOWED DIVORCED DIVORCED DIVORCED	BALTIMOR		MD.
-	}-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	by the	33		ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	DDRESS)	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	
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2	n 24 h	filled hould l	3		MD CA	PROLL NES	MIN YES NO		ZIP CODE LERRY TO	WW-1157
MARYLA	w.th	letely d 2 st	E A	14. FA	THER'S NAME FIRST MID	DLE LAST,	TS. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
	Po	an a	10	1.1	NILTON	MILL	ER MAR	57	2101	UESIFER
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TI	9	S. P.	E e		IVO	14/2 24	- 3017 COWEN	MILL	ER 10	
	rtificot	on pope	event, th		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Y: (' '	ulmonary Arrest		8£7V	PROXIMATE INTERVAL VEEN ONSET AND DEATH
NO	9	dip corb	ofic			DUE TO, OR AS A CONSEQUE				211
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, 201	CEC	or riginal	٧, ٥		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN PAI	RT Ito
RDS	-84	The sp	. <u>e</u>	O N		Jenosis				
L RECORDS,	ne low r	hos bee permit.	ows ony	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES T	NDINGS USED USES OF DEATH?
VITA	C E	ronsit	8 sho	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR			
OF.	CIA	s certific buriol-tr Mentol 1	Item 2	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR			
NO	MYS!	his ce buri	0	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TO	wn COUNT	Y STATE
N N	N S S	fter os th	orked	~	AT WORK NOT WHILE					
	ND	R. A Use	is m		220.1 certify that (I) (this hospital)		11 /13/86, 19 86		19 8	(()
	R ATTE	CTO of for	n 21		sow the deceosed olive on obove, (I) (we) (did) (did not) v	ew the body ofter death.	b, and that in (my) (our) opinion d	eath occurred on the de	ote and hour and from	the couses stated
	OR e	DIRE Dept.	# Her		22b. SIGNATURE	m	DEGREE ATTENDING	MEDICAL STAI		ATE SIGNED
	ITAL by th	RAL Deto	<u> </u>		Steven /	Manh	PHYSICIAN _	DIRECTOR PHYSIC		12/13/56
	HOSP oined	TO FUNERAL should be det with the Stote	IMPORTANT:		Steven 1	Marks	Johns	Hopkins	Hospital	Batto mo
	0 pa	The sh	3			73b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	RUN	
	BF			03	URIAL	NOV 17, 1986	STMARY'S	SILV	ER CAR	ROLL MZ
	DHMH	1 - 16 60A	A 7/84	IL FL	INERAL DIRECTOR	34 M 1,000	a Lettles to 13 DATE	REC'D. BY REGISTRAR		
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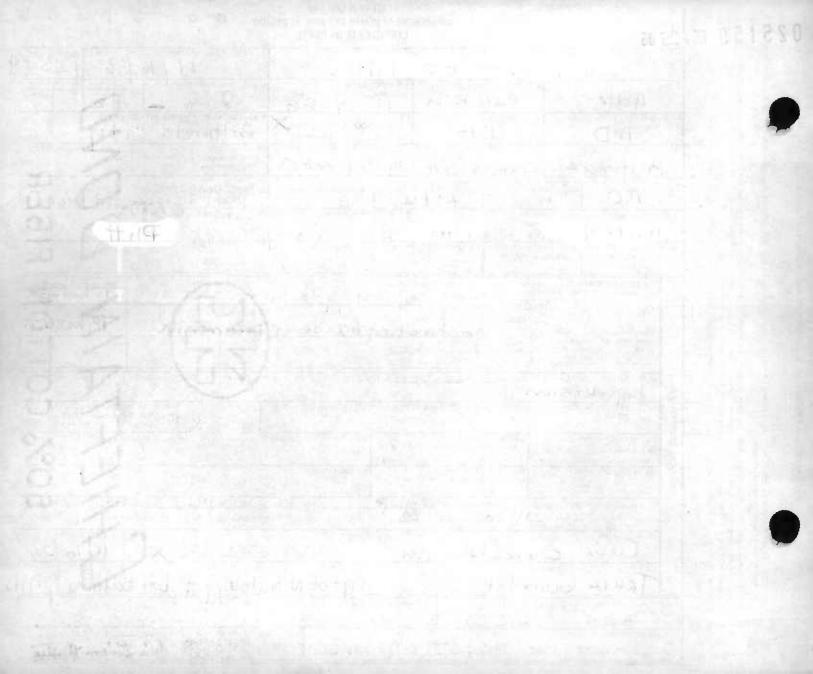
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deoth		Charla	S H.	M. 11	5	11	-3-19:	86 2207M
-0	3. SE	X	4 RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTI	MDAY) IF UNDER	DAYS HOURS MIN.
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		Baltimore	Balto. Co.		Hospital	Self Empl	loged	Carpenter
de al	130.	AL RESIDENCE (IF NURSING HOMEO STATE 130 COU Md. Worce	NIY 13c. CITY OF	R TOWN 1		13e.STREET ADDRESS /	ZIP CODE	
9	_	Ma. Worce	ster Girtle		YES NO NO NO NAM	P.O. Box	61 2	1829
d2	77	Joseph	MIDDLE LA		FIRST	MIDDLE		LAST
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ode of			VE WAR OR DATES)		Anne Rosenbal	111 64420	owneyDate	BALTO, MI
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(T		PART 1. DEATH WAS CAUSI	ED BY:		2011		88	TWEEN ONSET AND DEATH
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the jotter remove emotion er fround		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	1 in Farel	100		
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leose riol, cre		underlying couse lost.	(c) COCO		Alvay Dis	secise.		
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it. Then ior to be ny injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OBERATION	WAS DEDECORASED	20a AUTOPSY?	20b. IF YES, WERE	EINDINGS HEED
s ou	일	THE DATE OF OFERATION	140 CONDITION FOR V	WHICH OPERATION	WASPERFORMED		IN CERTIFYING C.	AUSES OF DEATH?
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the bud	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, C		STREET	CITY OR TOW	VN COU	STATE STATE
olth mort		220.1 certify that (1) (this hasp	ital) attended the deceased	from //	- 3 10 8%	10 11-	3 10 5	6 , that (I) (we) lost
F He		sow the deceased alive or	11-3	0.6	that in (my) (our) opinion de	eath occurred on the do		
Dept. o		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body ofter deoth.		EGREE			. DATE SIGNED
old be detoch the State De ORTANT: If It		2000 Q	NO		ATTENDING	MEDICAL STAF	F	11 = 2 0 0
Stat ANT ANT	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN 1	DIRECTOR PHYSICI	ANLA	11-3-26
		nules T	r 6	40	Roll Co			1 110.0
5 4 3 \$	23n	HIRIAL CREMATION PENOVAL	T23b DATE		METERY OR CREMATORY	123d LOCATION	~ M ~ M . /	Hosp
		(SPECIES) Burial	11-8-86		ing UM Cem.	CITY OR TOWN	COUNTY	Y STATE
	24 F	JNERAL DIRECTOR		Coursing	Mg UM Cem.	Girdlet	ISB. REGISTRAR'S	ester Md.
16 60M 7/B4 (A 15, 4)		Jolley Memori	al Chance D+	DRESS BOX 9	20 Salis. NOV	1 - 7 1986	Julia Divi	deon-Randallo
		- Joely Memorex	in church KI			, ,,,,,,,	<7	

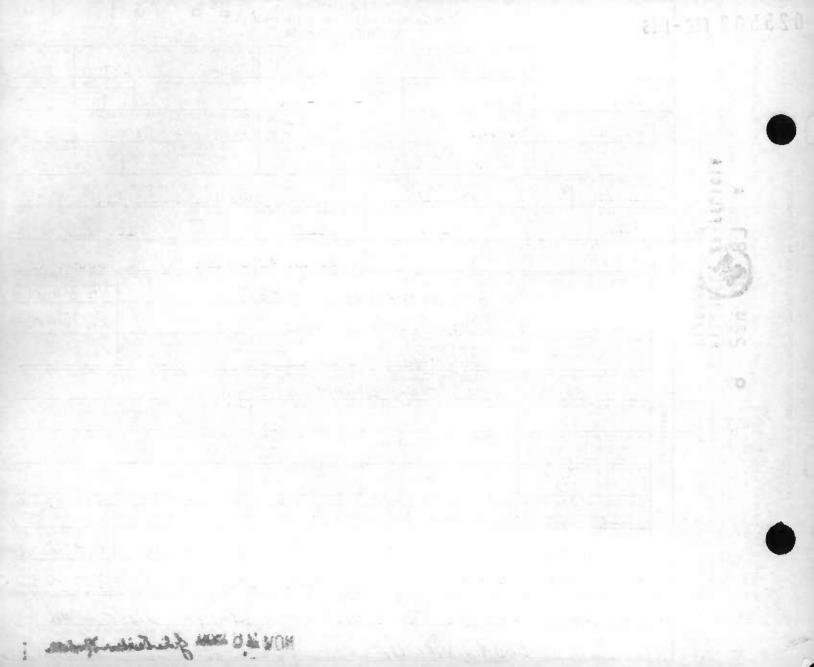
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(VRA 15, 4)

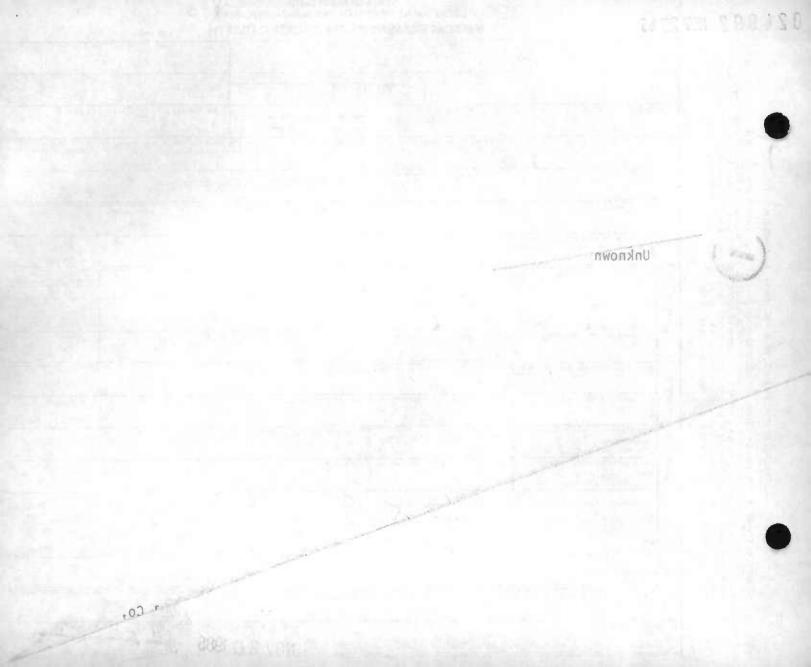


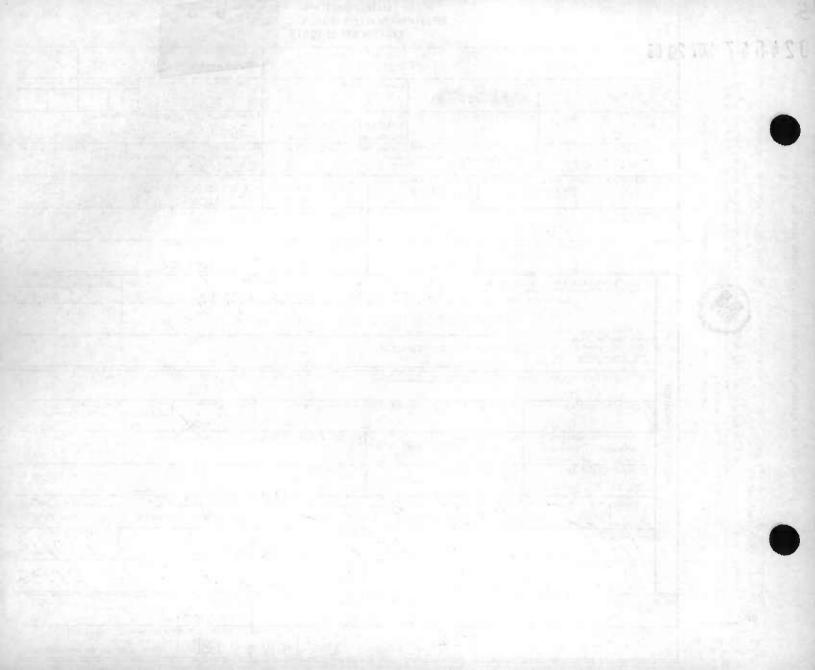


55090	EC -	1 8	EOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	i na	0
			CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
nay be page 3 er death		,,,,,	BABY	воч		TIM	CHELL	NOVEMBER 9,	1986	2:30P M
mo. Ter o		3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
ge 4			MALE	BLACK		11		YRS.		22 52
h. Po l dii	200		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY		
deat uner	6		ARYLAND	U.S.A		MIDOWE	D DIVORCED	BALTIMORE CI		MD.
by the f	100	BA	TY OR TOWN OF DEATH LTIMORE	THE J	OHNS HOL	PKINS	HOSPITAL	12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE		OF BUSINESS OR
24 hour	must be	13a S	AL RESIDENCE (IF NURSING HOME) TATE RYLAND	E OR OTHER INSTITUTION OUNTY	BALTIMO	Ν	136 INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CODE 808 McDONOUGH	ST.	#21205
the terminal of the service of the s	Jue	14. FA	THER'S NAME	WIDDLE	LACT		15. MOTHER'S MAIDEN NA	ME		AST
D E			JUNE	MIDDLE	KING		FELICIA		TCHE	
90000	0.0	16a. V	VAS DECEASED EVER IN U.S. (ES NO OR UNKNOWN) (IF YES	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
(all	1/		NO	, , , , , , , , , , , , , , , , , , , ,			FELICIA MI	TCHELL. 808 Mc	DONO	JGH ST
(3) T	5		18 CAUSE OF DEATH (Ente PART I, DEATH WAS CAI				1	. i_	APPRO BETWEEN	XIMATE INTERVAL
-	-		IMMED	PIATE CAUSE (a)	lardiopu	mor	lary Ames	57	10	minute
11 100	ş			DUE TO, C	R AS A CONSEQUE		i la contra		72	hours
S U. 52	-		Conditions, if any, which gove rise to immediate	(b)	MOOPIE	MIC	Lungs		22	7150013
\$ 68.5	othe		cause (a), stating the underlying cause last.		RAS A CONSEQUE	NCE OF	nins			
hed b	ō		PART 2 OTHER SIGNIFICAN					INAL DISEASE OR CONDITION GIVI	EN IN PART 1	la la
Significant Signif	ninzy.	Z	sere		a sito A be	40.0	routh note	adation		
been been rmit. T	No no	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FIND	INGS USED S OF DEATH?
he l	shows	Ē						/	S [NO [
IYSICIAN: T ding physici is certificate burial-transii Mental Hygi	88.4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
ICLA ig p	Hem	SAL	(IF EITHER, NOTIFY MEDICAL EXAM	DEATH	.M.	19				
G PH orten	arked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
0 0 0 0	E S		220.1 certify that (1) (this he	aspital) attended th			, 19 86		19 18	, that (we) last
R ATTEN haspital IRECTOR: hed for us	21:		saw the deceased alive above, (1)(we) (did) (did	nat) view the bady	after death.	6_,01	nd that in (my) (aur) apinion	death occurred an the date and hour	and from the	e couses stated
8 E 8 6 G	te a		226. SIGNATURE		3.70.000		DEGREE		1	ESIGNED
AL O the AL Di detack	±		Del	ra Co	unto.	mp	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1114	9186
TO HOSPITAL Cretained by the TO FUNERAL B should be detected with the State D	PORTAN		Dr. Debra	Coun	ts		Johns Hopkins Ho	spital, 600 N. Wolfe.	St. Bal	to, Md 2120
op o		23a. 8	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N		EMETERY OR CREMATORY	23d. LOCATION	COUNTY	
BP		112	REMATION	11-10	-86 Jo	hNS 1	topkins Hosp	BAITO 212	05	md state
DHMH - 16 60M		24. FI	JNERAL DIRECTOR NAME		Walfe	5-	250. DAT	E REC'D. BY REGISTRAR 25b. REGISTI	RAR'S SIGNA	TURE
(VRA 15, 4)				600 N	11/01/2	1/		,	The sales of the last	1



		L	FOR			EPART	STA MENT OF		AARYLAN LAND ME		YGIENE	6	3 1	5 3	1
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	TREE CTO	3. SE	(RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER 2		DATE	MONTH	DAY YEAR	
	RECOSSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. 50, WITHIN 72 HOURS WW PRESTON STREET,	Fe	male	Black	5 2	97	0.0	RS. MONT	DAYS	HOURS		NOUNCED DEAD	11/	16/1986	P N
	ESS. PRAL THIN	7a. B	RTHPLACE (STA	TE OR	76. CITIZEN OF WH		TRY?	8 MARR	ED NEV	ER MARRIE	D 9. B/	LTIMORE CIT	Y OR COUNT	Y OF DEATH	
	S S S S S S S S S S S S S S S S S S S		Marylan			S.A.		WIDOW		DIVORCE	1	Baltimo:	re City		ME
1	N PAGE 5	10. C	TY OR TOWN C		11. NAME OF HOS	CILITY, GIVE S	TREET ADDRESS)		ER INSTITUT	ION	FOR MOST	OCCUPATION (OF WORKING LIFE)	TYPE OF WORK	OR INDUST	
(1		₩ USU/	Baltin		2708 W.	Nort	th Ave	ONA			N/	A			
21201	ANY DEL	13a S	aryland	13b. COUN		13c CITY	CRICWN		13d INSIDE CIT	TY LIMITS?	13e STREET A	DDRESS	-h Aunr	nue 2121	6
	H. F. A. 3. R		THER'S NAME			Ιυαι	C IIIIO I E		YES A			W. NOT	II Aver	iue 2121	.0
Œ, ĸ	4 ssa 77		FIRST	-	WIDDLE		LAST		FIR	RST	-	MIDDLE		LAST	
TIMORE, MD	33 × 40 −		VAS DECEASED	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURIT	Y NO.	17 INFORM	ANT		ADDRE	SS		
4	E SE SE		Unknow	n (iii tes, give	WAR OR DATES)				Mild	red P	enick	701 N.	Collir	nton Ave	enue
7	1		18. CAUSE OF	DEATH (Enter on)	ly one couse per line	for (o), (b)	, ond (c).)							APPROXIMAT BETWEEN ONSE	E INTERVAL
NO.	A PERSON		TAKITOCA	IMMEDIAT	TE CAUSE (a)A				Cardi	ovasc	cular I	isease			
EST	WA TSIT		Conditions	, if any, which	DUE TO, OR	AS A CON	ISEQUENCE	OF							
. P	WITH NCI NCI NCI NCI NCI NCI NCI NCI NCI NCI		gove rise	to immediate	(b)										
201 W. PRESTON ST	AAL-1		lying cause		DUE TO, OR	AS A CON	ISEQUENCE	OF							
DS.	XECU IG". 1 AL E BURI AND ATIO	6.	PART 2 OTHER SIGN	IIFICANT CONDITIONS	(c)(ONTRIBUTING TO DEATH I	UT NOT RELA	TEO TO THE TERM	INAL DISEASI	OR CONDITION	GIVEN IN PART	I I in i				
RECORDS.	BE EVIDIN SA A SEA	Z						mae visers	or condition	OIVEN IN TAXT	Trus.				
I RE	AL HEAD	CERTIFICATION	190 DATE OF	PERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORM	AED?				20 AUTOPSY	?
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DIVISION OF VITAL	AEN MEN TO BE	LCE	210 EXTERNAL UNDERLYING		21b. TIME OF HOUR A.M.		DAY YEAR	21c. HC	OW INJURY O	OCCURRED	(ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PAR	RT 2)	
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	E, WAR		AT WORK	AT WORK											
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	REC REC	733	death resulted	from: Notur	ol couses X,	1	1 /2	e L	, Homicio		Undetermin	ed monner],		
	MAN,		ACTUAL SIGNATURE		X	\	V	M	TITLE (SP		TMEDICAL I		DATE	11/1	17/86
	MEDICA CUTE TH SE 4 SH FUNERA ER DEAT				6	V		M.	D. <u>ASS</u>	istau	1LMEDICAL I	EXAMINER	SIGNE	D	.7786
			(TYPE OR PRIN	Gre Gre	gory R. K	auffn	nan, M.	D.	ADDRESS	11	1 Penr	St.	A Yes		
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12 5 NEC -	216	STATE			DEFARI		ICATE OF DEATH				
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2 2 2		CEASED NAME					-	20 DATE OF DEATH	MONTH D	150	2b. HOUR
oge 3		J	AMES	V	V .	MOR	AGHAN Jr	•	1/1/27	1/80	7:30 A M
a boo	3. SE	X	4.1	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
ge 4		Male		CAUCH	SIAN	MON	17/ 20	6	6 YRS. "	ONTHS DAYS	HOURS MIN.
Po di		RTHPLACE (STATE OR F	OREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
leeth,	V	MARYLANC		US		WIDOWE	DIVORCED [DA	Mmer	E CIT	Y MD.
3/7	10. C	ITY OR TOWN OF DEA	TH 11	. NAME OF	HOSPITAL, NURSI		R OTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS OR
5 10 1	1.	SMAMURE	5	OUTH	3. ACTIMUM	& GON	TRAL MUSPITAL	- Meat Pa	cker,,	Ess	kay Co.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a	AL RESIDENCE (IF NURS	13b. COUNTY		GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / 7IP CODE	Balto	.Md.
N 2 # 10 10		mo	-C+F	and the second second	BACTI	more	YES NO T	37 E.1	2 ANDARL	LST/	2/270
thin thin sh	14. F	ATHER'S NAME				-	15. MOTHER'S MAIDEN N			-	-7-5
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W.		7			UNAGU		· WELLI		-	Sini	184.
a la		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC		17 INFORMANT		RESS	ZHOWN A	42 32
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hy poor		18 CAUSE OF DEATH PART I. DEATH W			CAD	INDE	SPIRATURY	1 ARRES	_		
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on the correction of the corre	190			DUE TO, O	R AS A CONSEQU	ENCE OF		4107			
deo deo opte propries		Canditions, if any,		(b)_	META	SMA	c SQUAMOUS CE	11 CARCINEMA	1/vng		
PR he em on a		gave rise to imm cause (a), statin		DUETO	R AS A CONSEQU	ENICE OF					
W. ot to		underlying cause		1	K AS A CONSEGR	ENCEOF					
20) the sed lead lead lead lead lead lead lead le		DADT 2 OTHER SIGN	UEICANIT CON	(c)	ON TRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TE				
Sign ory	z	PART 2. OTHER SIGN	/	4		DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	SNDITION GIVE	EN IN PART TO	4
DIVISION OF VITAL RECORDS, OLEANDING The law requirate this certificate has been signly as the buriol-transit permit. Then the and Mental Hygiene prior to borked or Item 18 shows any injury.	CERTIFICATION	//	17pu	- 1							
S be on many	Q V	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
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TEN TOR Pro-		saw the decease abave, (I) (we) (d	d olive on	111	27 19	86 , ar	nd that in (my) (our) opinio	in death accurred an the	date and hour	and fram the	causes stated
REC ALL DOSP		27b. SIGNATURE	(did nat) v	new the body	offer death.		DEGREE			22c DATE	SIGNED
T De De		m	1/110	11			MA ATTENDING	MEDICAL S	TAFF »	- 11	132100
HOSPITAL med by the FUNERAL uld be detail the Stote ORTANT:		Mount	1 ale	72)		/	7 PHYSICIAN	☐ DIRECTOR ☐ PHY	SICIAN	(1)	16/186
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of of short of the	23a. I	BURIAL, CREMATION,		23b DATE		NAME OF C	EMETERY OR CREMATOR				
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(VRA 15, 4)	M	cCully Fr	inera]	L-Home	130 E.	Fort	Ave. Balto	0 0 1 1986	Julia D	widon. R	indices

+	,	FOR			DEPART	STATEMENT OF		ARYLANI		GIENE	6	3 1	5 4	
		STATE REGISTRAR			MEDICAL	EXAMIN	ER'S C	ERTIFIC	ATE OF	DEATH	REG. NO).		
125618 DEC-) D	GEASED NAME	FIRST		MIDDLE			LAST		20. DA	E KNOWNY		AY YEAR	26 HOUR
25 of 15 15 FT	F	CORPRINT)	BERT	TNA			MC	NTAGUE	7	O	TH MATED	11 20	19 86	
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品等の手術		OREIGN COUNTRY)						ED X NEVI		DU	-	_	PEATH	
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HOHE				(IF NOT IN SI	UCH FACILITY, GIVE	STREET ADDRESS1	, OR OTH	EK INSTITUTI	ION	FOR MOST OF	WORKING LIFE)		OR INDUSTR	SINESS
ATTIMORE, MD. 21201 R AFTER DEATH. IF AN DELAYS IN EVERAGES 1, 25 AND 3 TO THE THE PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS 201		Baltimo			Young (1011	Private	duty r	nurse		
2 29496 S	13a. S	TATE	13b. CO	ME OR OTHER INSTITUTE		Y OR TOWN	ON)	13d INSIDE CITY		3e STREET ADI	DRESS			
F AND RETA	M	aryland	Ye.	-	Bal	timore		YES 💢	NO 🗆	1232 Y	oung Ct.	21202	!	
MD MD 72, 2, 74. 1	14. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTHER		NAME	MIDDLE		LAST	
PES ES		Claren	ce	T.	E	Burton			tha		MIDDLE	В	Burton	
N S S A A	16a. \	WAS DECEASED	EVER IN U.S.	ARMED FORCES?	16b. SC	CIAL SECURITY	Y NO.	17 INFORMA			ADDRESS			-
AFTER DEATH. IF SIVE PAGES 1. 2. TH FORM PM 3. PAGES I AND 2. SIVISION OF WITH		No	(IF 1E5, G	IVE WAR OR DATES!	213	3-36-32	54	Berth	a. Bur	ton 773	George	Stree	t. 2120)]
DIS SECTION OF THE PROPERTY OF		18. CAUSE O	F DEATH (Enter	only one cause pe				202 01.		0011	7 4402 50		APPROXIMATE	INTERVAL
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			e to immedia stating the und	< , ,	ODASAGO	NSEQUENCE (25					-		
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SHOULD ORD "PE	N V	IVA. DATE OF	UPERATION	19h. CC	INDITION FOR	WHICH OPER	ATION W	AS PERFORM	ED?			3	B. AUTOPSY?	
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WON THE		EXAMINER'S	NAME Ch	arles P.	Wolves	MD		1	111 D	nn Ct	D-1+0	MD	21201	
TO MEDICAL EXAMINES IN EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORWATOF PAFIER DEATH, WITH THE STANDORE, MARYLAND, 2	-	(TYPE OR PRIN						IDDIKE CO			, Balto.	, MD	21201	
F M C F 4 8	1.5	URIAL, CREMAT	ION, REMOVAL			NAME OF CEA				23d. LOCATION		COUNTY	SEA STA	ATE
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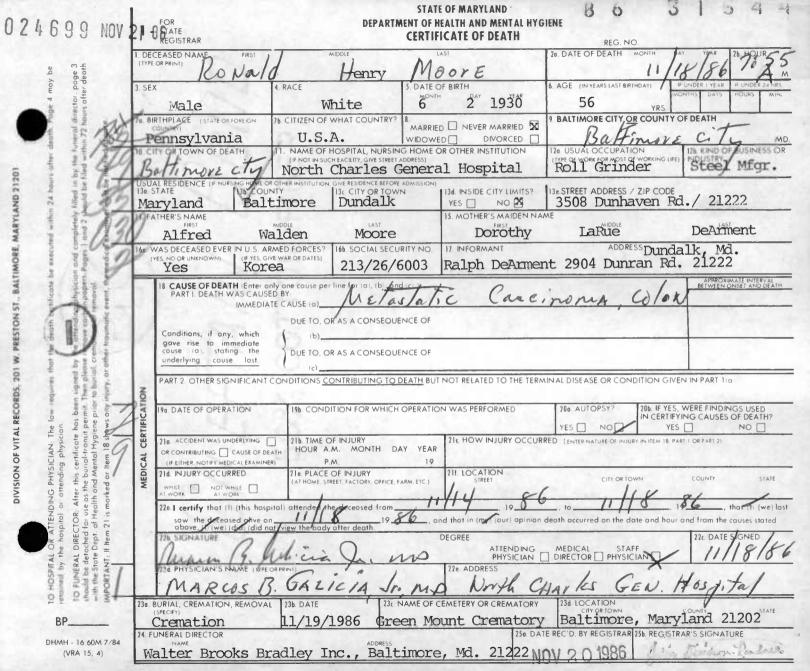
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Defied		ty or town of di .timore	EATH 1		OSPITAL, NURSII FACILITY, GIVE STREET S HOSPI	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCU		12b. KIND INDUSTRY Tans	wentele.
25	13a. S	AL RESIDENCE IF NU TATE Yland	ISO COUNT	TY 1	ive residence befor 3c. CITY OR TOV Baltimo	VN	13d INSIDE CITY LIMITS?	13. STREET ADDRE	ss/zipcost End	Drive	21226
14	19. FA	THER'S NAME Richard	1	AIDDLE B.	Monteli	us	15. MOTHER'S MAIDEN I		LE	Smith	AST 1
o /		AS DECEASED EVE			6b. SOCIAL SEC		17 INFORMANT		DRESS		
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Hem 21 is marked or Hem 18 shows	MEDICAL	PART 2. OTHER SIGNATURE 21a. ACCIDENT WAS U OR CONTRIBUTING [(IF ETIMER, NOTIFY ME 21d. INJURY OCCU WHILE 30w the deceded obove, (1) (we) 22b. SIGNATURE	ATION NDERLYING CAUSE OF DEAT DICAL EXAMINER) RRED WHILE OOR I) (this hospite on (did) (did not)	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREE OF) oftended the power of the body of the bod	INJURY INJURY IN FACTORY, OFFICE, deceosed in the deceived in	AY YEAR 19 FARM, ETC.)	211 LOCATION STREET d that in (ny (our) opinio	YES NOT NOT NOT NOT DIRECTOR PH	IN CER IN CER OR TOWN STAFF YSICIAN	YES, WERE FIND RTIFYING CAUSE YES 18 PART 1 OR PART 2) COUNTY COUNTY 22c DAI	STATE ., that (1) we to be causes stated

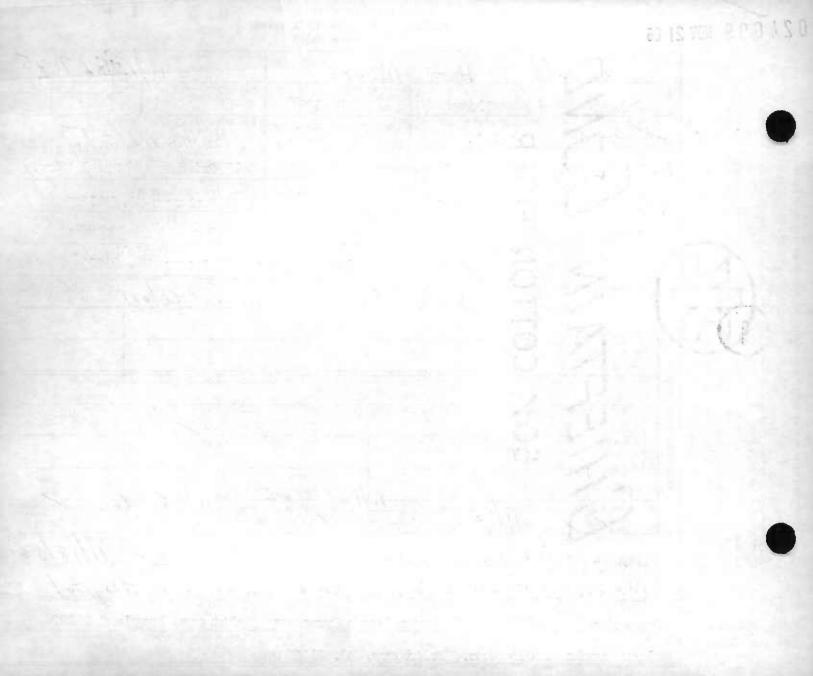
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25691 DEC-	1	FOR STATE REGISTRAR	DEPAR	STATE OF N MENT OF HEALTH CERTIFICAT	H AND MENTAL HYG	GIENE 8 6	3 1	3 4 3
. e-	1. DE	CEASED NAME FIRST	WIDDLE	AL. LAST		2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
nay be poge		Lowre		Trontg	omery		11-26-86	4 · M
ge 4 mc ector. p urs ofter	3. SE	Male	4. RACE	5. DATE OF BIRT	°45 19	6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
nerol din nn 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY Virginia	76. CITIZEN OF WHAT COUNTRY	MARRIED (X)	NEVER MARRIED DIVORCED	4	C1	ty MD
iled with	10 C	Baltimore	11. NAME OF HOSPITAL, NURS	ING HOME OR OTH ET ADDRESS)	(1/-	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CArpenter	WORKING LIFE) INDUSTR	OF BUSINESS OR truction
n 24 hours hould be f	Ma:	-3	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	NSIDE CITY LIMITS?	13. SIREE ADDRESS /	ZIP CODE treet	21225
makkyl, mpletety old 2 st	14. F.	ATHER'S NAME James	MIDDLE G. Monte	gomery 15. M	OTHER'S MAIDEN NA		Ph	filips
d object	16a '	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 IN	IFORMANT	ADDRE	SS	
BALTIMORE, rate be execu- ysicion and of ppers. Pages vol.		YES, NOOR UNKNOWN) (IF YES GI	233-28-2	2101 1	Mary Montgo	omery San	ne as 13e	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certicated physician. After this certificate has been signed to the certificate has been signed to the burial-transit permit. Then plus the hand Mental Hygiene prior to burial terminant on a renanched or them 18 shows any injury, as antermediatic events of the certification.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT R		0	20b. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
SICIAN: The graph property of the property of	201	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c. H	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		
DING PHYSICIA or offending ph After this certifi e os the buriol-ri off h and Mental marked or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK		19 211 L	OCATION STREET	CITY OR TO	NN COUNTY	STATE
ATTENDI ospital or ECTOR: A d for use it. of Heal m 21 is m			ontoly attended the deceased from Mary, 2-6 19 at) view the bady after death			, ta		, that (I (we) ost ne causes stated
HOSPITAL OR ned by the h FUNERAL DIR INDEAL DIR in State Dep ORTANT: If the		THE IST SERVES NAME (THE	15 Hol	Ma	ATTENDING	MEDICAL STAF	IAN . II	26/86
TO HOSPITAL retained by the TO FUNERAL should be detained by the State with the State		ARMAND	8 HOOL		01 Si How	over st.	Botti wore	NOD. 2123
BP	23a.	BURIA, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETE	Cemetery	Baltimor	e A.A.	MdTATE
DHMH - 16 60M 7/84 (VRA 15. 4)		uneral director orge J. Gonce	4001 Ritchie		25a. DAT	e REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	





			EOD	1D, G-6.			MENT OF H		ARYLAN		IVCIEN	8 6		3	5	1 5
025	186 NOV	25-	REGISTRAR	.Ex.,/(and.		EXAMIN					TH	REG. N	10		
1_		1. DE	CEASED NAME	FIRST		WIDDLE			LAST			2a. DATE K	_		DAY YEAR	2b. HOUR
1	# 2.68 L	(TYF	E OR PRINT)	Jessie	e (Jesse)		J.	Mod	ring	Jr		OF DEATH	ESTI- MATED		/22/ 19 86	
	LEAS FILES PUR REET	3. SEX	([4	RACE	IS DATE OF BIRTH		6. AGE (IN YEA		DER I YR.	IF UNDER		2c. DATE	7707120	MONTH	DAY YEA	
	IS NECESSARY, PEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS WORKSTON STREET.	M	lale	Black	1/26/49	YEAR	37 YR	() MONT	DAYS	HOURS	MIN.	PRONOUN	CED	11/	22/ 1986	10:45 A M
	SSA RAIL S	7a. B	RTHPLACE (STA	TE OR	76. CITIZEN OF WH	AT COUN	TRY?	8. MARR	ED # NE	VER MARR	IED 🗍	9. BALTIMO	ORE CITY	OR COUN	TY OF DEATH	
	SANCE SANCE		Md.		USA			WIDOW		DIVORC	_	Balt	imore	City	у,	MD
	IS NE FULL FOR WAY	10. C	TY OR TOWN O	FDEATH	11. NAME OF HOSE			OR OTH	ER INSTITUT	TION		IAL OCCUP			126 KIND OF E	USINESS
12	100 E.S.		Baltin		3717 0	rest	field (Ma:	L1 Har	ndler		Post D	ffice
5	OND STORE		L RESIDENCE (II	IN NURSING HOME O	OR OTHER INSTITUTION, GIV		OR TOWN	N)	13d. INSJDE CI	ITY HAUTS?	Is STR	ET ADDRES	35			
2 22	A Z E O W	14.	Md.				timore		YESTE	NO 🗌	37	17 Cre	stfi	ele C	ct. 2121	5
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E.	200		Jessi	e J.	Mooring	Sr					phine		2.	Moor		
, OM	SS O P E			EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURITY	NO.	17. INFORM	THAN			ADDRES	S		
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	JB. OIL	10	18. CAUSE OF	DEATH (Enter on TH WAS CAUSE	ly ane cause per line	far (a), (b), and (c).)				WIT			-1"	APPROXIMA BETWEEN ON	TE INTERVAL
*	AL HO		TAKITOLA		TE CAUSE (a)				lound	of He	ead					
STG	THIN 24 I CIL IN ITE/ VER ALON ANSIT PER AL HYGIE REMOVA		a thi			AS A CON	NSEQUENCE C	F								
<u>a</u>	MER NER NER NER			, if any, which ta immediate												
*	TED WITHING PENCIL IXAMINER AL-TRANS MENTAL PROPERTY, OR REALL IXAMINER IXA	1	cause (a) s lying cause	tating the <u>under</u> -	DUE TO, OR	AS A CON	ISEQUENCE C	F								
. 20	EXECUTE NG" IN CAL EX.			VI - X	(c)											LIVE.
DIVISION OF VITAL RECORDS, 201 W. PRESTOM 5T.,	ULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXAMINED AS A BURIAL- HEALTH AND MEI AL, CREMATION, O	z	PART 2 OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING TO OFATH B	UT NOT RELA	ITED TO THE TERMI	NAL OISEAS	OR CONDITION	N GIVEN IN PA	IRT 1 (a).				77.7	
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7	WOOF STAND	ERT	21s. EXTERNAL	CAUSE WAS	21b. TIME OF			21c HO	OW INJURY	OCCURRE	D LENTER N	ATURE OF INJU	JRY IN ITEM 1	8 PART I OR P.	YES X	NO
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20	いたよびにめ	E	WHILE D	NOT WHILE X	STREET, FACTO	ORY, FARM, E	TC.)		7 Cre	otfic	14 0	CITY OR TOW		- 4 .	V. Md.	STATE
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	ECERTIFICATE DUED BE FORE T DIRECTOR: 4, WITH THE S MARYLAND,				ge af the remains desc					Inspectia		Inquiry		ind in my a	Ipinian	
	EXAMI CERTIFI ULD BE DIRECT , WITH		death resulted	tram: Najo	al causes ,	Accident	LJ, Suid	ide X			Undete	ermined mai	nner			
	CER		ACTUAL	/\	MI	M			Deput	PECIFY)	iof			DATE		1/23/86
	SHOW SHOW		SIGNATURE_	1	2	YX	-	M	pepul	-y C11.	TCTWED	CAL EXAMI	INER	SIGN	IED	1/23/00
	MEDICAL E ECUTE THE GE 4 SHOU FUNERAL D TER DEATH,	1	EXAMINER'S N	AME	Ann M. I	ixon	, M.D.		ADDRESS_	11	ll Pe	nn St				
	TO ME EXECUTE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	23a.B		ON, REMOVAL 2			NAME OF CEM					CATION				
07/B4	8P	(:	Burial		11/26/86		edar Hi					rookly	yn	COL	Md.	STATE
25M			UNERAL DIRECT								REC'D. BY	REGISTRAR		SISTRAR'S	SIGNATURE	
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	IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET,	9	10.01	N.C.	25.05.13		USA			WIDOW		DIVORCE	1	Balt	timore	e Cit		MD
10	ANY DELAY S N AND 3 TO THE FU RETAIN PAGE 5 YOULD BE FILED, RECORDS 201 W.	0	10. C1	Balti			11. NAME OF HO	ACILITY, GIVE S	STREET ADDRESS)	, OR OTH	ER INSTITU	TION	FOR MO Mai	1 OCCUPAT	ion (Type of Ler	DF WORK 12	Post C	office
5	AN DE	2	USUA 13a. Si	L RESIDENCE	IF IN NURS	SING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE			13d. INSIDE C	ITV LIMITED	La cross	T ADDRESS				
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BALTIMORE	IRS AFTER DO SIVE PAGE WITH FORM	1	16a. V	AS DECEASED	EVER I		NED FORCES?		CIAL SECURITY		17. INFORA				ADDRESS			
, A	S AFTER GIVE PA ITH FOI PAGES IVISION								-56-546	53	Zula	McKay	y 352	0 W. E	Belver	dere	Ave.	21215
				18 CAUSE OF	DEATH	(Enter only	y ane cause per lin	e for (a), (b		11							APPROXIMA BETWEEN ON	ATE INTERVAL
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REST	A PARTY ON			Condition	s. if or	ny, which	DUE TO, O	R AS A CON	NSEQUENCE C)F							- 22-23	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	XECUTED WITHIN 24 HONG" IN PENCIL IN ITEM II DAL EXAMINER ALONG BURIAL-TRANSIT PERMI AND MENTAL HYGIENE, AATION OR REMOVAL			lying caus		ond on	DUE 10, O	K AS A COP	NSEQUENCE C)F								
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¥¥	SE CE		TIFIC													1	YES 🕽	NO 🗆
OF	ATE WEN	2		216. EXTERNA UNDERLYING			21b. TIME C	F INJURY	DAY YEAR	21c. HC	W INJURY	OCCURRED) (ENTER NA	TURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART		
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N/S	S CERTING RETING REDED SE 3 SI SE DEP		MED	21d INJURY O WHILE			STREET, FAC	TORY, FARM, E	(AT HOME,		ATION REET			CITY OR TOWN		COUN	TY	STATE
	WAR WAR PAGE			AT WORK	AT WC	ORK LA		home		371	7 Cre	stfie	ld Ct	., Bal	lto. (City,	Md.	
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYTAND, 21 201			22a certif	y that I t	ook chorge	of the remains de	scribed obc	ve, held on	Autops		Inspection	□,	Inquiry [], and	n my opini	ion	
	A PER			death resulte	d fram:	Noture	ol causes	Accident	L, Suid	cide .	Homic	ide X	Undeterr	mined manne	er .			
	NE CERTOUID OUID AL DIR			ACTUAL		1	M	AX			TITLE (SI					DATE	77/6	22/06
	SER SER	Book		SIGNATURE_		11	-	NA		M.	beput	y Chie	EIMEDIC.	AL EXAMINE	R	DATE SIGNED.	11/2	23/86
	A PED	1	-	EXAMINER'S N	NAME (T)		Ann M. D	ixon,	M.D.		DDRESS	111 1	Penn	St.				
	TO ME EXECUPAGE TO FU AFTER BALTIM		23a. BL	JRIAL, CREMAT	-				NAME OF CEM				23d. LÖC.					
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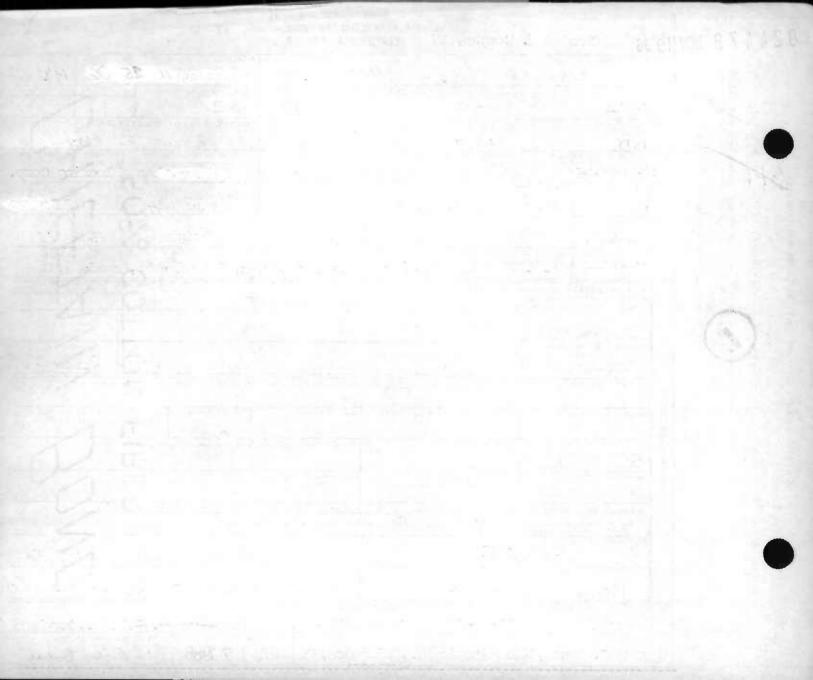
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGII ICATE OF DEATH		REG, NO.	0 1	
ŧ		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DE		DAY YEAR	2b. HOUR
	3. SE)	№ DP	AN RACE	MOR 5. DATE O	F BIRTH	NOVEM		1986	1:30 M m
3		MALE RTHPLACE (STATE OR FOREIGN To. COUNTRY) 75.	CITIZEN OF WHAT COUNTRY?	8	-//-/0	9. BALTIMORE	CITY OR COU	NTY OF DEATH	
5	10. CI	BALTIMORE 11.	NAME OF HOSPITAL, NÜRSIN UENOTINSUCHEACILITY, GIVE STREET	WIDOWE IG HOME O APDRESS)	R OTHER INSTITUTION	DAL 120. USUAL OCC (TYPE OF WORK FOR		4G LIFE) 12b. KIND C	MD. F BUSINESS OR
1	130.5	AL RESIDENCE (IF NURSING HOME OR OTHER TRANSPORTED TO THE TRANSPORTED	RER INSTITUTION, GIVE RESIDENCE BEFOR 136. CITY OR TOW BALTIN		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADD	ORESS / ZIP CO	AYETTE	51.
7	10.11	FIRST MIDI	DIE LAST		FIRST		IDDLE	LAS	1
		NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W.		1415	HELEN BAPT	nst i	ADDRESS 1427	W. FAYE	TEST.
	HON	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEOUR (b) LEUKEMIA DUE TO, OR AS A CONSEOUR (c) NOTIONS CONTRIBUTING TO	ENCE OF					
2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	YES N		YES, WERE FINDING RTIFYING CAUSES	
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		WHIE ALWORK NOT WHIE ALWORK 270. I certify that (I) (this haspital) saw the deceased alive an Nobave, (I) (we) (did) (did not) vi 270. SIGNATURE 270. PHYSICIAN'S RATE HART	OVEMBER 1119	> M	d that in (my) (our) opinion do DEGREE ATTENDING PHYSICIAN 27e. ADDRESSCHURCI	MEDICAL DIRECTOR HOSP	STAFF PHYSICIAN MI LTAL C ROADWA	Phour and from the 22c. DATE 11/1	SIGNED
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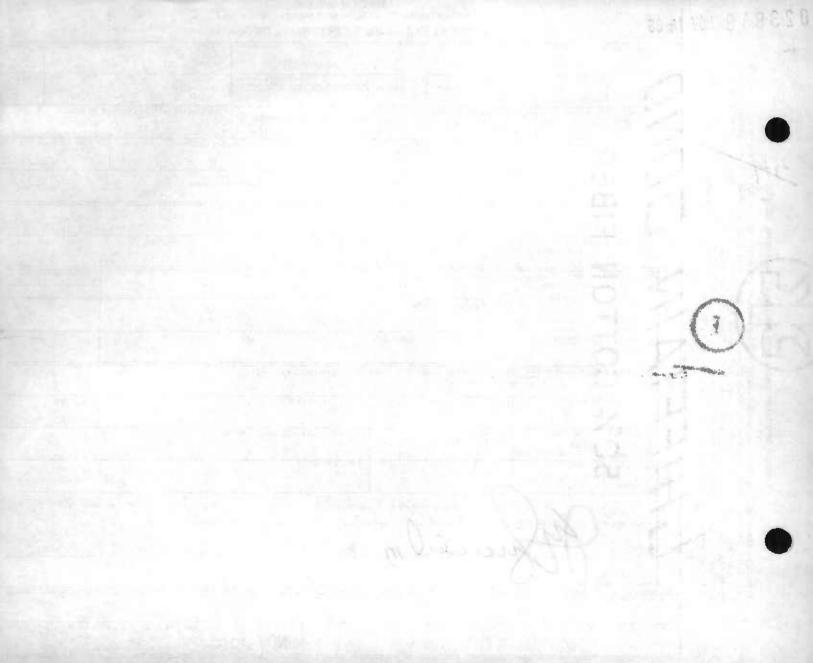
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	h. Po of dir	80	Baltimore, Md.			76. CITIZEN OF WHAT COUNTRY? 8. MARRIED AND NEVER MARRIED			NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
	and and	0				ANDOMED DIACKEED F			D DIVORCED	Baltimore City, MD.				
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	1 100	Ven		PART I. DEATH WAS CAUSED BY: CARD TOPILL MONARY ARREST										
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	tenc re co	OHO		Conditions, if any, which (b) ACUTE MYOCARDIAL INFARCTION										
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۵	Or Or See	E .		220 certify that (I) (this hospital) attended the deceased from SEPTEMBER X19, 1986 NOVEMBER 2119 86, that (I) (we) last										
	TTEN Ditol	21 :		saw the deceased alive on NOVIMPT 219 86 , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
	OR AT	E		22b. SIGNATURE	a ((ala nor) v	new me boa	y differ deam		DEGREE			22c DATE	SIGNED	
	- + · · + ·	=		Alan	Kozes	rlel	com "	10	ATTENDING PHYSICIAN	MEDICAL STAI	IAN A			
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	of of short	₹ -	23a F	BURIAL, CREMATION, F				NAME OF C	EMETERY OR CREMATORY	23d LOCATION			27277	
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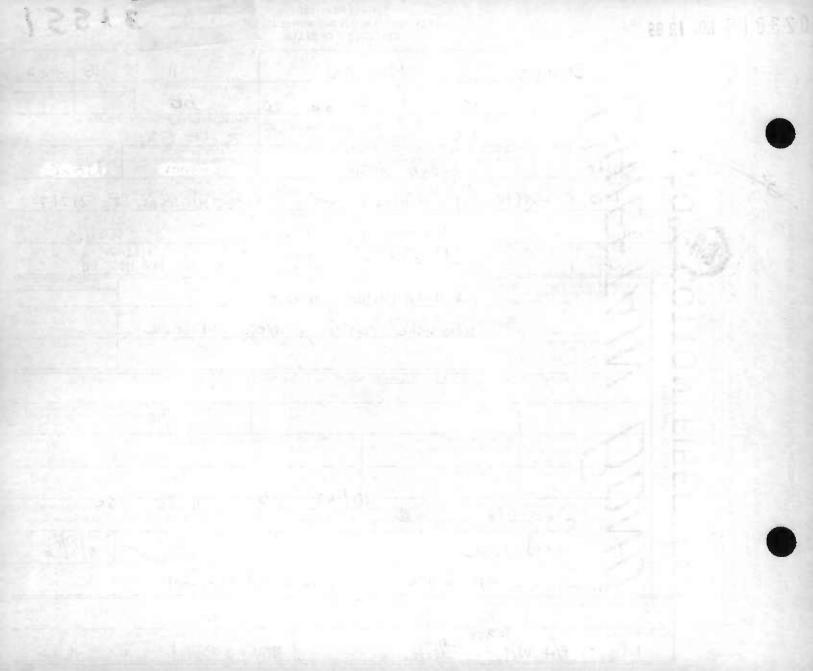
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1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Not 3		3 surmore		HORE GE	WERK HOSPIAN	(TYPE OF WORK FOR MOST OF WORKING LIFE Contract Sales	Flooring Corp.
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M Page 18.	8	21a. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
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SIN ST	3	MANUEL NOT WHILE	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
B		220.1 certify that (I) (this hospi	ital) attanded the decree	I from ///	12/86 10/86	10 11/15	o 86 that (I) (we) last
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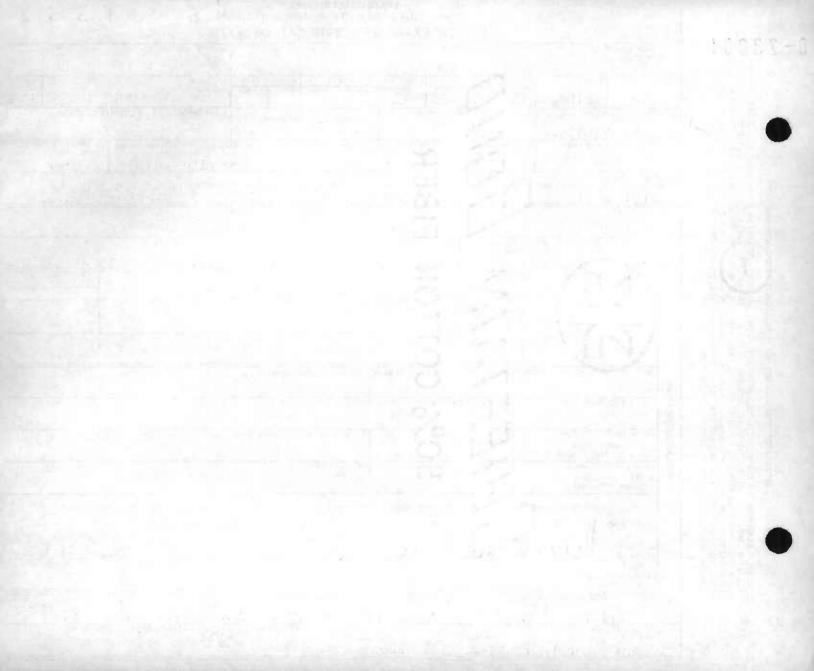
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ORE.	- SAN BEE	Earl		L.		orris		Doris				Bus	sch	
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	-			23	BURIAL, CREMATION, REMOVA	ha 10 a 1 a 1	23c. NAME OF CEMETE		23d. LOCATION	COUNTY	STATE
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	S NECESSARY, REASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS M. PRESTON STREET.		North Ca	arolina	U.S.	Α.		WIDOWED		DIVORC		Ba	ltimore	e Cit	V	AAC
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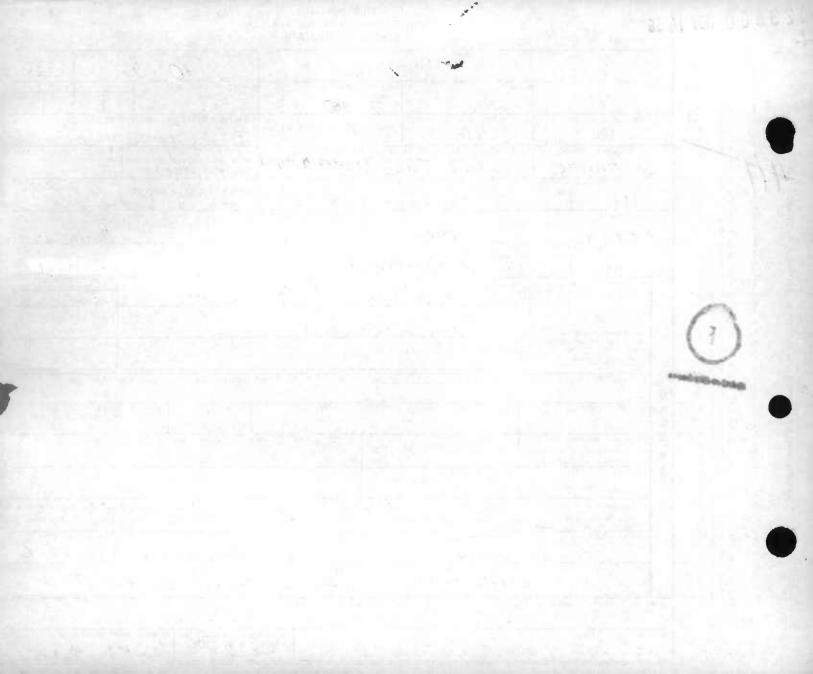


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7 5 5 2 3 ₹		BURIAL, CREMATION, REMOVA	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		40.00	STATE
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STATE OF MARYLAND

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.:	certificate b	raval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: 200	by and ic	nial Her	nmorage	APP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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A L	be low re bon. hos beer t permit.	ows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES [7]	NDINGS USED USES OF DEATH? NO
OF VITA	ICIAN: The physicial physicial physicial conficute ial-transit	Mental Hygiene or Item 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PAR	Т 2)
DIVISION OF	attending ter this c	olth and Me marked ar It	MEDICAL	21d (NJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
۵	NDIN SI Or R: Af	dealth is ma		22a.1 certify that (I) (this hospita		_	9.06,19	, to	10, 19 84	, that (1) (we) last
	ATTE Dispute ECTO d for	t. of 1		saw the deceased alive on above, (I) (see) (did) (see)	wew the body after death.			on death occurred on the do		
	OR A he has DIREC	of Hem		176 SIGNATURE	claulis		EGREE ATTENDING		F	DATE SIGNED
	HOSPITAL ned by th FUNERAL	ANT:		716 PHYSICIAN'S NAME (TYPE OR)	Muleu		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN LX	,,,0,0
	TO HOSP retained TO FUNE should be	with the State D		E.N. Co	slanlin	/	2341 22		6Reenes	s T
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OR ATTEN e haspital DIRECTOR sched for u Dept. af He		sow the deceased of	ive on	11/	19	51,01	nd that in (my)	(our) opinion	death accurred on the	date and t	hour and	from the	ouses stated
hasp biRECI thed f		obove, (1) (we) (did) (c	did nafi/viev	w the blody	ofter death.		DEGREE			-	12	2c. DATE S	CONED
		228. SIGNATORE	4	0				ATTENDING	_ MEDICAL STA	AFF	1	11	7/87
			V	temy	y			PHYSICIAN [DIRECTOR PHYS	CIAN		"/	7/10
- 0	1	22d. PHYSICIAN'S NAME		17)			22e. ADDRES	S G00	D SAM PI	10F 1	BLO	#7	805
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	24.	UTTEREROS	ONS FI							REC'D. BY REGISTRAR 25	b. REGISTRAR	SSIGNAT	JRE .
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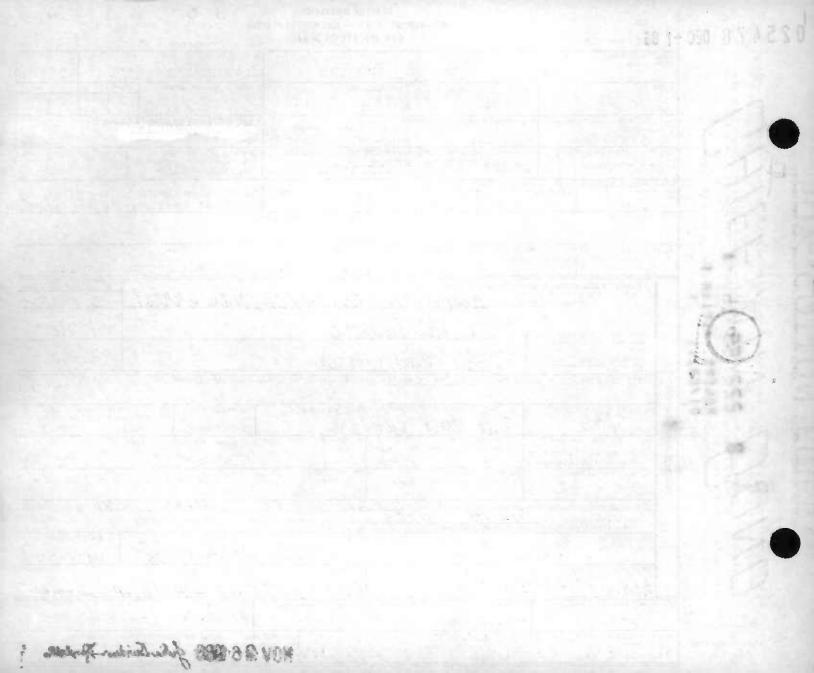
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GLASS CD.



STATE OF MARYLAND 023489 NOV 12 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEASED NAME Josephione Mrowca 2a. DATE OF DEATH MONTH 67 White Oct. 1919 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Baltimore, Md. U. S. A. Baltimore, Md. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Type of work for most of working life) -Tool Co. 13. STREET ADDRESS, ZIP CODE Place-21224. Baltimore 14. FATHER'S NAME Bertha John Dabrowski Mrowca 166 SOCIAL SECURITY NO. 17 INFORMANT Baltimore, ADDRESS Maryland, 21224. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 214-03-3688Wrs. Doris G. Mrowca-3614 Roberts Place 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY days IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 206. IF YES, WERE FINDINGS USED DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTORSY? IN CERTIFYING CAUSES OF DEATH? 11 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) whis hospital attended and that in (my) (bur) pointain death accurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Home DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NAME 3000 E. Baltimore St.; Balto., Md. 21224

11/8/86

236 NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery_Baltimore, Maryland

NO [

STATE

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Joseph M. Murphy DEATH MATED 11/4/19 86 N 3. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR 15 UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 14 HOUR MALE BLACK 11 6 48 37 YRS. 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 77. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH N.Y.	3. S 3. S M.A 7a N. 10	DECEASED NAM	E FIRST		WIDDLE		LA	ST	20	OF EST	WN X W	ONTH DAY	Y YEAR	2b. HOUR
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WILLIE MURPHY MARYLES HUNTER 186. WAS DECEASED EVER IN U.S. ARMED FORCES? NO. (NO. OR UMANOWN) (IF YES, GIVE WAS CROSIES) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A 1 CO N O 1 Conditions, if any, which gove rise to immediate couse (o) storing the underlying couse (o) storing the underlying couse (o) storing the underlying couse lost: (c) PART 2 OTHER SIGNIFIKANT CONDITIONS CONTENUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a). 186. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONSEQUENCE OF HOUR AM. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. INJURY OCCURRED STREET CHIVOR TOWN COUNTY STREET WORK AT WORK AT WORK AT WORK AT WORK ON THE COUNTY STREET CHIP ART I CONTRIBUTING OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I COUNTY OR INSTRUCTION OR COUNTY STREET CHIP ART I CHIP ART I COUNTY OR COUNTY STREET CHIP ART I CHIP	US 130	UAL RESIDENCE STATE MD	(IF IN NURSING HOME (OR OTHER INSTITUTION, C ITY	13c. CITY	ORTOWN	13				NVAL	E ST	212	02
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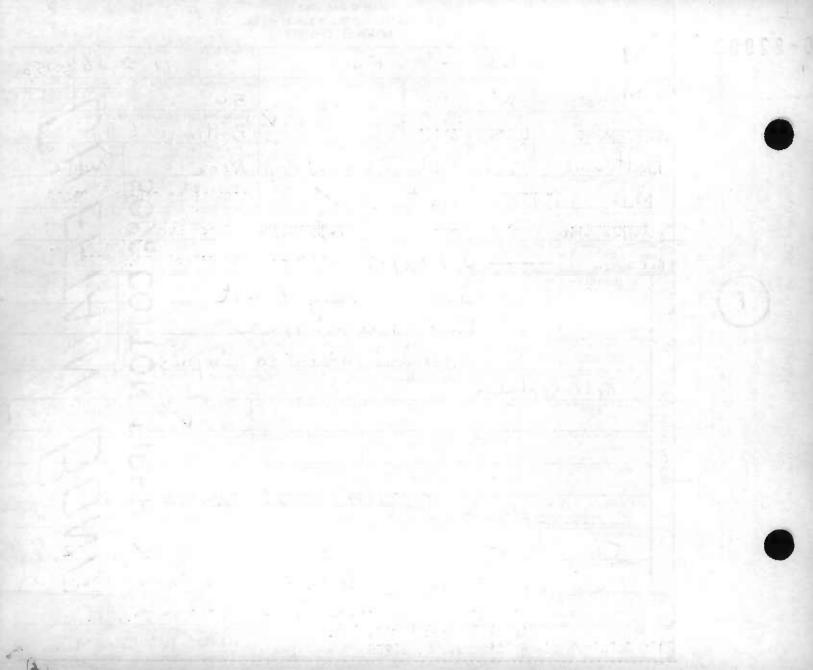
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th a th a orke		AT WORK AT WORK			04-1	07	Nov		0/2	
Heol is m		220.1 certify that (1) this has	spital) attended the	he deceased from	OCT 3	19_86		, 1		that (1) (we) lost
of for a start of a st		obove (1) (we) (did) (did	not) view the body	ofter deoth.		my)(our) opinion	death occurred on the d	ote and nour		
Dept.		22b. SIGNATURE	ma	1.40	DEGREE	ATTENDING	MEDICAL STA	FF J	22c. DATE	signed r W
T. T.		0	1/20	even in	4	PHYSICIAN	DIRECTOR PHYSIC		1/1/0	V86
should be a		224 PHYSICIAN'S NAME (TX			22e ADD	LC.	1/2010	+ 1	1111.	1. [
Should by		L. N. 3	CHEREK	IMP.	L)ep	Jurger	1	140	/ par	yland
- u 3 <u>S</u>		BURIAL, CREMATION, REMOV.			NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	1	COUNTY	STATE
		REMOVAL UNERAL DIRECTOR	11-07	/-86						
16 50M 4/83	24 F	NAME		ADDRESS	Marie	ALCO	TE REC'D. BY REGISTRAL	754 HEGISTR	AR'S SIGNA	TURE
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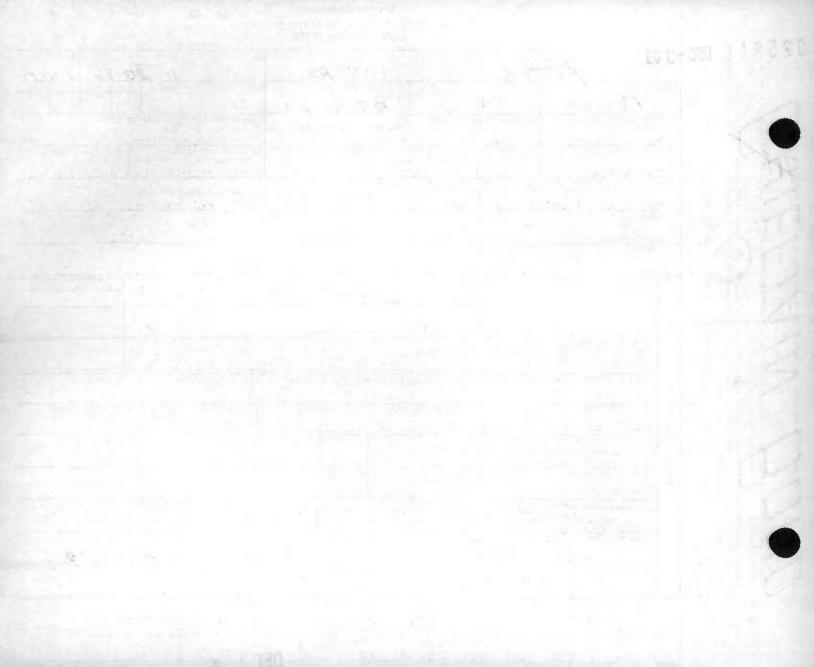
+	1.		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYGIENE ERTIFICATE OF DEATH REG. NO.	1 5 0 %
L Z Z J Z C Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		ASED NAME FIRST Charles -		2 86 6:15 pm
ector.	3. SE	M Male White	2 /0 36 50 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN.
death. Por funeral dir hin 72 hou	70. B	MX NAMES AND	warried Never Married 9. Baltimore city or county allowed Baltimore (ity Mo.
offer of the ed with	LF.	OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI OF TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDI OF TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE RESIDENCE BEFORE ADDI OF TOWN OF DEATH OF TOWN OF DEATH	e Opneral Hosp. None.	126 KIND OF BUSINESS OR INDUSTRY
LAND 21:	130.	HER'S NAME	13d INSIDE CITY LIMITS! 13e STREET ADDRESS / ZIP CODE YES NO 1301 Light Stre	eet 21230
MARYL ed with ond 2 s	1	XXXXXXXX Charles Myers	XXXXXXXXXXX Grace Lordema	
IMORE,	160	S DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY (IF YES, GIVE WAR OR DATES) 2191689	YNO. 17 INFORMANT ADDRESS Balt 5-5 Donald Myers 6227 Pilgrim Rd.	imore, MD. 21214
equires that the description be executed within 24 hours in signed by the art arms and completely filled in by Then please remore the property of the please remore to burial, cremation, or removal.	NOI	gave rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENC	Enocarcinoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL RECC	CERTIFICATION	ID. DATE OF OPERATION 19b. CONDITION FOR WHICH OP 10c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY	YES NO NI CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART I OR PART 2)
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The low requires th or otherding physicion. After this certificate has been signed be as the burlot-transit permit. Then plea of the and Mental Hygiene prior to burial, morked or Item 18 shows any injury, or a	MEDICAL	P.M.	19 21f. LOCATION	COUNTY STATE
OR ATTENIOR ATTENIOR Pospital DIRECTOR: sched for us Dept. of He Item 21 is		20. I certify that (I) (this hospital) attended the deceased from 19 sow the deceased olive on 19 19 abave, (I) (we) (did) (did not) view the bady after death. 2b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF /	19 that (I) (we) last r and from the causes stoted
TO HOSPITAL (retoined by the TO FluneRAL) Is should be detoined with the Store (MMPORTANT). If		CHENG, WAI - FUNG	South Baltimore Genera	(Hospital
BP	23a	ECIEV)	Lurity Process, Ind Baltimore Co.	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	BERAL DIRECTOR The Dippel Funeral Hom	105, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGIST.	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

010 000	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
948 DEC	1. DE	FOST	TER MIDDLE				26. DATE OF DEATH MONTH DAY YEAR 25. HO					
on on o	3, SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
urs off	1	M	White		MONTH	7 /6 27	59	YRS	MÖNIHS DAYS	HOURS MIN.		
1 72 86		IRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH			
	10.C	Vest Virginia TYORTOWN OF DEATH			WIDOWED DIVORCED DIVORCED DIVORCED		Baltimore City MD 126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Stationary Engineer C.C. of A.					
		Baltimore /		not in such facility, give street address) Church Hospital								
9 50 07	13a.	AL RESIDENCE IN NURSING HOME OR STATE LITTLE COUN	OTHER INSTITUTION, GIVE RES		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS					
			imore D	undall	<	YES NO 1	1918 Holbs	orn Ro	2	1222		
de de la companya de	17	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	WE		LAS	T		
102		Benjamin WAS DECEASED EVER IN U.S. AR		yers OCIAL SECU	DITYNIO	Bessie	ADDRE		Cline			
1 12	1	YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)									
No.	=	(es WW		9-22-6		Joan Myers	1918 Holbo	rn Rd.	APPROXI	21222 MATE INTERVAL DISET AND DEATH		
p physical conpage emovo event,	1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	RNXOX	KXKX	CARDIORESE	PIRATORY A	RRES'	T BETWEEN	ONSET AND DEATH		
and or corb n, acr		DUE TO, OR AS A CONSEQUENCE OF										
e de move notio		Canditians, if any, which gave rise to immediate	(0)	(b) SEPSIS								
thor the solution of contract of the solution		couse (a), stating the underlying cause last.		DUE TO, OR AS A CONSEQUENCE OF (c) DISSEMINATED CARCINOMA OF BLADDER								
algmed Theo pla To burn Alury, o	Z O	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 110	1		
11007	IFICATION	90 DATE OF OPERATION	196 CONDITION F	% CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH					
2 4 4 4 4		OCTOBER 27,1		CINOM	A OF		YES NO	YE	s 🗌	NO [
CLAN.	AL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. M		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART 1 OR PART 2}			
d Mer a	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJI			211 LOCATION	CITY OR TO	wn	COUNTY	STATE		
Of The Party	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT				17017-17-		0.6	JIMIL		
TENDO of the A of the bit		220.1 certify that (I) (Mis hospital) alrended the deceased from OCTOBER 26 19 86 NOVEMBER 30 9 86, that (I) (we) ost saw the deseased alrended to NOVEMBER 30 19 86 and that in (my) applicand death occurred on the date and hour and from the course stand										
A PORT		above, The we Irdid I did not view the body after death. DEGREE 22c. DATE SIGNED										
A DATE OF THE PERSON AND THE PERSON		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 41/30/81										
A PA STAN		22d PHYSICIAN'S NAME (TYPE ORPRINT) 22e. ADDRESS CHURCH HOSPITAL CORPORATION 22e. ADDRESS CHURCH HOSPITAL CORPORATION 22d. PHYSICIAN'S NAME (TYPE ORPRINT) 22e. ADDRESS CHURCH HOSPITAL CORPORATION										
TO FUNERAL				Lac		100 N. BROA	ADWAY BALT					
BP	230. 1	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY BURIAL 12-3-86 Holy Redeemer Baltimore Maryland								STATE		
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR Duda-	-Ruck Funer			Dundalk 250. DAT				URE		
(VRA 15, 4)			Wise Ave.	Dunda	alk, I	MD 21222 DI	EC 2 4000					



		tem # 1, Film G 62		STATE		D 0	9 1	en 0	
30 DEC	-27	STATE DEGISTRAR	DEPARI		ALTH AND MENTAL HY	REG. NO	D.		
	1. DEC	PEASED NAME Venga Siery	MIDDLE	LAS	T	20. DATE OF DEATH	MONTH DAY YEAR	R 25. HOUR	
poge 3	TITE	VENGA			NAIR .	November	25, 1986	11:00	
ter d	3. SE)		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS	
ors of		Male	Indian (/	Nov.	22, 1911	75	YRS.		
Z hau	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	1	
7 mm 2		India	India	WIDOWED			ore City	M	
filed with		Baltimore	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 225 Wendover Roa			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired 120. KIND OF BUSINE INDUSTRY			
mistbe	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13c. CITY OR TOV	WN 1	3d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 225 Wende		21218	
ine	14. FA	THER'S NAME	~		5. MOTHER'S MAIDEN NA	AME			
200	1	Subramanyam	Potti Nair		Madha	a∨ i	Amn	na	
0	16a V	AS DECEASED EVER IN U.S. AF		URITY NO.	7. INFORMANT	ADDRE	SS		
9	()	ES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES) 079 60	7740	Dr. Ambad	das A. Path	nak, S	Same	
emit Than plac is prior to buriol s ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	elica		20a AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED	
	RTIF					YES NO	YES 🗌	NO 🗌	
E &		316. ACCEPTED WAS UNDERLYING [ZIC HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	2)	
. 0 =	A	14 EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	P.M. 21s. PLACE OF INJURY	19	TH. LOCATION				
Mento r Item	음	714. INJUNT CICCURRED							
and Mento ked or Item	MEDICAL	White I norwest II	TAT HOME STREET, FACTORY, OFFICE.		STREET CO.	CITY OR TO	WN COUNTY	STATE	
se as the burial- solth and Mento morked or Item	MEDIC					City OR 10	WN COUNTY	, that (I) we) lo	
of Health and Mento	MEDIC	white of work of all work	(IA) HOWE STREET, FACTORY, OFFICE.	AD 2	19	city OR 10	19_86	_, that (I) (we) lo	
near for use as the burial lept, of Health and Mento Item 21 is morked or Item	MEDIC	white of work of all work	JAT HOWE SPREET, FACTORY, OFFICE	VAIM, ETC. I	that in (my) (con) opinion	death occurred on the do	19 86 ate and haur and fram	_, that (I) we) los the couses stated ATE SIGNED	
deformed for use as the bounds of Dept. of Health and Mento IT. If Item 21 is marked or Item	MEDIC	white of work of all work	(IA) HOWE STREET, FACTORY, OFFICE.	AND THE I	that in (my) (or) opinion GREE ATTENDING PHYSICIAN	8.10.11/25	19 86 ate and haur and fram	_, that (I) (we) los the couses stated	
J be detached for use as the burial. he State Dept. of Health and Mento RTANT: If Item 21 is marked or Item	MEDIC	220.1 certify that III (this beauty for the property of the pr	Inth now. STREET, FACTORY, OFFICE.	ALL DE	that in (my) (of) opinion GREE ATTENDING PHYSICIAN 22e. ADDRESS	death occurred on the do	ote and haur and fram	that (11 we) los the couses stated ATE SIGNED 1/25/86	
hauld be detached for use as the burtal with the State Dept. of Health and Mento MPORTANT: If Item 21 is marked or Item		22a.1 certify that III (this better the second of the seco	inal) attacked the deceased from an inal view the book after death.	AMM, 17C1	that in (my) (or) opinion GREE ATTENDING PHYSICIAN 22e. ADDRESS 2435 W . E	death occurred on the do	ote and haur and fram	_, that (I) we) los the couses stated ATE SIGNED 1/25/86	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.				
4	I. DEC	CEASED NAME FIRST		MIDDLE	·	AST	20. DATE OF DEATH		DAY YEAR	2b. HOU	R	
	(TYPE	Cathe	rine	M.	NA	SH	/	1/211	186	023	OAM	
	3. SE>	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR			
		Female	Wh	ite	Apr		77	YRS.	MONTHS DAYS	HOURS	MIN,	
X		BITIPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O		OF DEATH			
7	55	Maryland	US.	A	WIDOWE	_	Baltimore	City			MD.	
	10 CI	TY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION 12b. KIND OF BUSIN				SSOR	
	- 0	Baltimore		th Facility, give street St. Agnes		nital	Homemaker		E) INDUSTRY			
7.	USU/	AL RESIDENCE (IF NURSING HOME OR	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)									
4		arvland 136 COUN	IIY	Baltimo		13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS 2734 Marbo			2123	30	
200	_	THER'S NAME			10	15. MOTHER'S MAIDEN NA		CLIC A	iveriaci	212		
1	1	George	MIDDLE	Schaeff	or	Freda	MIDDLE		Am∈			
_	16a V	VAS DECEASED EVER IN U.S. AR.	MED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDR	SS	Alle	:5		
	(1		E WAR OR DATES)	212-09-2		Andrew Conce	2724 N	larchoun	one Arre	20110		
						Audrey Sense	eney, 2/34 N	arbour			VAI.	
		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE		r line for (a), (b), an	d (c).)	and along		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		IMMEDIAT	E CAUSE (a)	may	٠ ٤	ncephalogra	300,7		-			
			DUE TO O	R AS A CONSEQU	ENCE OF	/ /						
		Condition of the Land										
		gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF										
		(c)										
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	õ											
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE			N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS U					
	TE						YES NO	S [
_	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	RY IN ITEM 18 P.	ART I OR PART 2)			
1		OR CONTRIBUTING CAUSE OF DEA			AY YEAR							
	MEDICAL	21d INJURY OCCURRED		OF INJURY	17	21f LOCATION					_	
	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA		ARM, ETC)	STREET	CITY OR TOWN		COUNTY STATE			
		AT WORK AT WORK	. 6 1. 1.4		- 17	120 000	1.1	77	04	.1	11	
		22a I certify that (this hospi		ne deceased from	21	, 19.05	don'th serviced as a	ato and have	19	that the	.,	
		sow the deceased alive an 19 , and that in (47) (our) apinion death accurred on the date and hour ar above, (I) (we) (did) (did not) view the body after death.									area	
,		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF						SIGNED	10.		
		Ahm				PHYSICIAN [DIRECTOR PHYSICIAN					
		22d. PHYSICIAN'S NAME (TYPE O										
		HRIL P.	IMA	7		St. Agnes	Hospital					
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	(Burial	11/24	/86 T	nidon	Park Cemeterv	Baltimore		COUNTY		vland	
	24. FU	UNERAL DIRECTOR	1 11/24	100 IIV			TE REC'D. BY REGISTRAN		RAR'S, SIGNAT		X Tallo	
		NAME	Iomo T	ADDRESS		223	24 1900	balan 24	a company			
	HI	ubbard Funeral I	JOHE, II	.IC., 410/	AATTK	CIID MAG. HALLA	£1 %					

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3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 H		STATE OF MARYLAND Q Q Q	edi O
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THE OFFICE AND DETAILS AND PROPERTY OF THE PRO	REGISTRAR	REG. NO.	
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18 CHI OR IOWN OF PEAT 11 NAME OF HOSPITAL, NURSING HOME OR TOTRE RISTITUTION 128 IDUAL OCCUPATION 129 IDU	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	TH
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13 STARE 130 COUNTY 134 MSDECTIVE LAWES 134 MSDECTIVE LAWES 135 STREET ADDRESS 25 P CORE AVENUE 135 MOTHER'S MADERNAME 135 MOTHER'S MADERNAME 136 MOTHE	BALTIMORE	FRONKIS SCATT KEY HASPITAL	SIRI
SACION S	USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1222
I. FATHER'S TAAME MODIE	MANIAND	BAITIMORE YES NO 1 25% (AURETIA	AVENUE
BP Saston Saston	14. FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gover the to immediate consistent of the part of the property of the	CASTON	MIDDLE AIGE/U MITE/A MIDDLE DU/)	A) AST
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18 CAUSE OF DEATH IETHER only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoling the underlying couse lost (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost (c) Type Conditions PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SQUELLUL CLA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SQUELLUL CLA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SQUELLUL CLA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SQUELLUL CLA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SQUELLUL CLA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SQUELLUL CLA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION C	TO THE HOOR UNKNOWN) (IF YES, G	11-1011/ 139-20-7179 1:11:00 NEFLU 2546 / AUPE	=TTA Av
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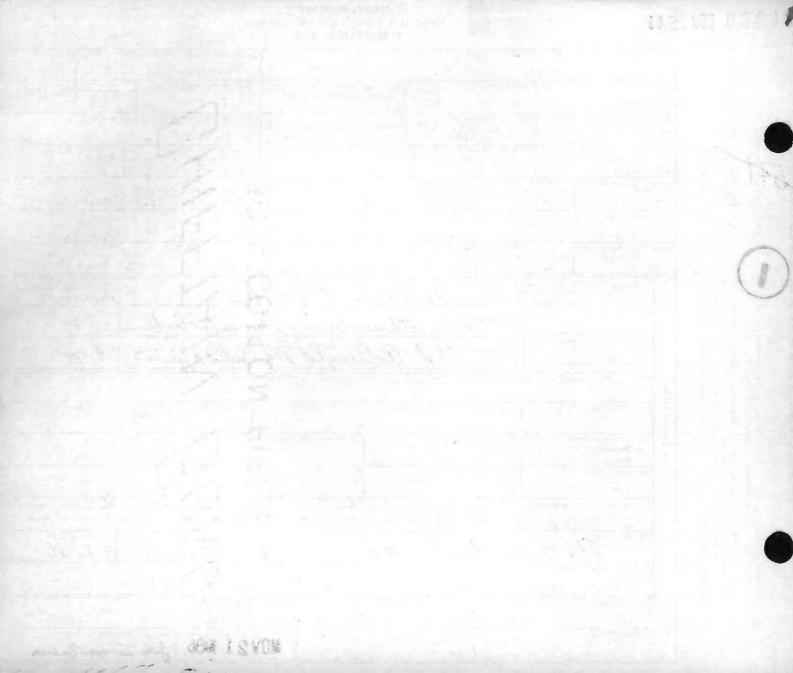
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MILD DIRE	14			-	Ann	/		TITLE (SPECIFY))				
A H H H H H H H		ACTUAL SIGNATURE.		1	V	1/	M.[Assista	nt_MEDICA	LEXAMINER	DATE SIGNED.	11-16	-86
MEDICAL CUTE THE % 4 SHO FUNERAL FINORAL		EXAMINER'S	NAME C		. W.	V		222	D 01	D- 11	. 862	2120	.7
		(TYPE OR PRI	NT) Gr	egory F	R. Kauf			DDKE33	Penn St		.o., Ma.	2120	1
5 A S A S A S A S A S A S A S A S A S A	23a.BL	PECIFY1	TION, REMOVAL 2			NAME OF CE			Balto	TION	COUNTY	ş	Md
07/84 BP	11.5	Buri		11/22/86	WO	odlawn C	enetery				Co		MC
DHMH - 17		NERAL DIREC	eral Home	What 125	AREES Jahach	Augono		250. DA	TE REC'D. BY REC	986	EGISTRAR'S SIG	a Ru	. 10
(VR A15 ME (5))	1.10	a Cir i Ull	ciai ione	WC31 430	O Manasii	Averiue		14	OVALI	300	ment of entropy	con-Kanah	menter;

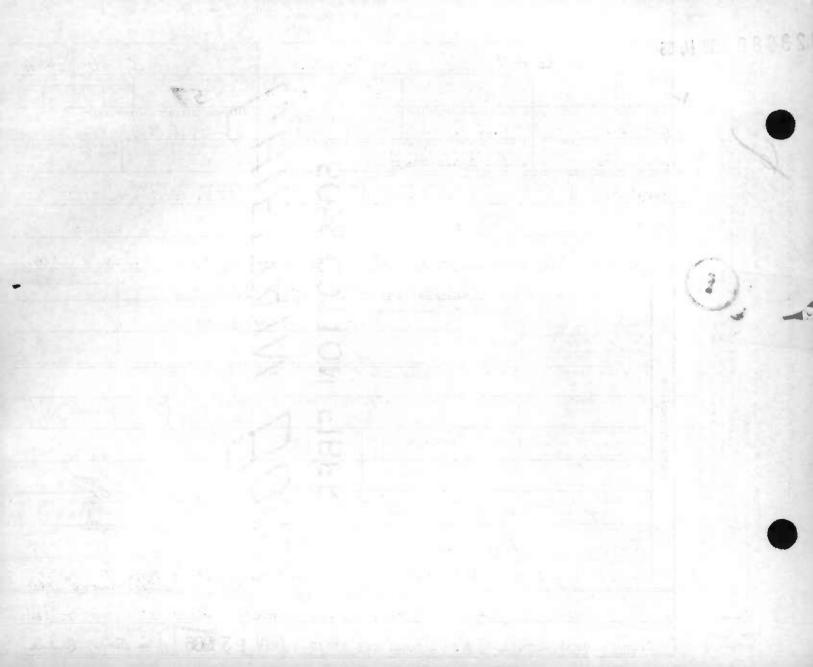
STATE OF MARYLAND CERTIFICATE OF DEATH

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004	960 NOV:	25,0	- SIAIE			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	GIENE O O	3 1 =	11
P			REGISTRAR				CERTI	FICATE OF DEATH	REG. NO		
'			CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH A	AONTH DAY YEAR	26 HOUR
	by be		- O. F. (141)	ROBE	RT	С.		NIEVELT	November	20, 1986	3:30A M
	p od er d	3. SE	X		4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
	ge 4 rs oft		Male		White			ly 4, 1907	79	YRS. MONTHS DAYS	HOURS MIN.
	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IRTHPLACE (STATE OR F COUNTRY) Ennsylvania		76. CITIZEN OF	WHAT COUN'	TRY? 8. MARRI WIDOW	ED NEVER MARRIED	Baltimore City OR		
	1 1/19	-	ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NU	JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		MD. DF BUSINESS OR
55	HICK	Ва	altimore		(IF NOT IN SU	H FACILITY, GIVE S	lls Roa		Salesman	WORKING LIFE) INDUSTRY	ctising
AND	Se hour	130. M a	AL RESIDENCE (IF NURS STATE Aryland	13b. COUN	OTHER INSTITUTION	13c. CITY OR		13d INSIDE CITY LIMITS? YES XX NO	130.STREET ADDRESS / 4927 West	ZIP CODE Hills Road	21229
TA2	主动剂	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		7
W.	1 6000	4	Joseph		MIDDLE		velt	Erma	WIDDLE	(unk	(nown)
# /	87 87	16a.	WAS DECEASED EVER				SECURITY NO.	17 INFORMANT	ADDRES		chowh)
OM	1)00 0	Ye	(YES, NO OR UNKNOWN)	(IF YES, GIV	I I	216-09	9-9447	Loretta A. N	lievelt S	Same as # 13	
ST. BAL	physical movel. th		18. CAUSE OF DEAT PART I. DEATH W	H (Enter on AS CAUSE IMMEDIA)		line for (a), yo	Intrin	lan Fignill	'nL	1-	ONSET AND DEATH
NO NO	th ce corbe , or te					PAS A CONS	EQUILITIES OF	0 W	4 00	1 8	lean
PRESTON	the death of the ottendin remove corb emation, or er troumotic	Н	Conditions, if ony, gove rise to imm	which nediate	(b)	ony	ann	voccions c/n	yoranna 33	even 0	70
×.	by ose t, cr		cause (a), statin underlying cause		DUE TO, O	R AS MONES	EQUENCE	tungeld My	raches Mar	to 84	res cert
105, 20	the ple	Z	PART 2. OTHER SIGN	VIFICANT	ONDITIONS CO	ONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART TO	a,
AL RECORDS	he low of the low of t	CERTIFICATION	19a DATE OF OPERA	NOI	19b. COND	ITION FOR WH	HICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
ZEA.	Z S S S S S S S S S S S S S S S S S S S	2 8	21a. ACCIDENT WAS UNE	_	21b. TIME C	FINJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
ö	D 199 1	1	OR CONTRIBUTING (M. MOITIT	19				
o o	Sup of the	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY		21f LOCATION	CITY OR TOW	n COUNTY	STATE
DIVISION OF	the state of the s	2	WHILE NOT WH	ILE	(AT HOME ST	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
5	Z = 4 0 1 1	1	220.1 certify that (1)		tal) ottended th	e deceased fr	om	12.9 1078	to //·	20 10 8%	that (I) (we) last
	THE STATE OF THE S		saw the decease above, (1) (we) (c				01	and that in (my) (our) apinian	death accurred an the dat		4
-	P AT AT AT A AT A AT A AT A AT A AT A A		22b. SIGNATURE	(did na	t) view the bady	after death.		DEGREE		22c. DATE	
	0 4 0000 =		1/5	1.5	hand	1	mo	ATTENDING	MEDICAL STAFF	1/12	0.86
_	Es Esla	H	22d. PHYSICIANS NA	ME TYPE O	R PRINT)	7/	11.0	22e ADDRESS	2 DIRECTOR PHYSICIA	ANU YIZO	
	D HOSPITA D FUNERA Sould be de in the Sunt		Kyle Y.	Swish	er M	.D.		3455 Wilke	ens Avenue, Ba	ltimore MT	21229
	01 0313+	22-	BURIAL, CREMATION.				72. NAME OF	CEMETERY OR CREMATORY		· I CI MOI C, III	· LILL
	D.D.	230.	(SPECIFY) Burial	KEMUVAL	11/24				23d LOCATION	COUNTY	ryland
	BP	24 5						Park Cemetery			
	DHMH - 16 60M 7/84	Le	UNERAL DIRECTOR R	ussel	.1 C. Wi	tzke Æ	uneral	Homes P.A.	E REC'D. BY REGISTRAR 25	1.1 -1	
	(VRA 15, 4)	T	30 Edmonds	on Av	enue, Ca	tonsvil	lle, MD	. 21228	18 - 1000	Gulia Devider.	Kindall



23989 NAV		T - FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE S & S	31.	5 / 2
0 0 0 0 1101	14	PECEASED NAME FIRST	MIDDLE	A11	AST A A A A A A A	20. DATE OF DEATH MON	TH DAY YEAR	2b HOUR
noy be			LIAM	1011	MONS	11	8 86	545AM
oge 4 mirector. purs ofter	+	s. sex	1. RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.
h. P. P. D. 2 hours	20	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	The same of the sa	Maryland	U.S. A.	WIDOWE	DIVORCED	Baltimore C	ity	MD.
iled with	11	O. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Saint Agne	, GIVE STREET ADDRESS)	R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) 12b. KIND C	OF BUSINESS OR
ND 2 12 24 ha iilled ould be f	22	USUAL RESIDENCE (IF NURSING HO) 130. STATE 13b. C Maryland	OUNTY 13c. CIT	PENCE BEFORE ADMISSION) Y OR TOWN Itimore	13d. INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS / ZIP 2852 W. Nort.	CODE	216
YLA thin thin sho	The state of the s	4 FATHER'S NAME			15. MOTHER'S MAIDEN NA		11 AVE. 212	:10
mylet will ond ond	-	Henry		mmons	Ethel	MIDDLE	Murdoc	zk
O × P P	1		S. GIVE WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT	ADDRESS		
BALTIMO	< ▮	Korean War 19	50-1951 22	0-24-1079	Beatrice Ran	dolph 4407 Th		Balto.
res that the death certificate place by the otter proper proper process remote the property, or other troums		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA	DUE TO, OR AS A C	ONSEQUENCE OF	rain me	tastases	IN GIVEN IN PART 1	Q.
At RECORDS, he low required. hos been significant. Therefore prior to be ows ony injur	9	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		DR WHICH OPERATION		20a AUTOPSY? 20b.	IF YES, WERE FINDING CAUSES	NGS USED
N OF VITA SICIAN: T ng physici certificate mol-transi ental Hygi	9		F DEATH HOUR A.M. MC	ONTH DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT		
DIVISION OF VIT OF PHYSICIAN: 1 of ther this certificate of the buriol-from th and mental Hysis		OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AI WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ZDI Por eol			ospital) attended the deceas	sed from	-1, 19 26		19.86	that (I) (we) lost
R ATTEN hospitol RECTOR: eed for us of He rem 21 is		sow the decoased alive above, (I) (we) (did) (di-	d not) view the body ofter dec	oth. 19_66_, an	d that in (my) (our) opinion o	death occurred on the date on	d hour and from the	couses stated
AI OR the ho The Depoint Depoi		22b. SIGNATURE Kathemin	-7,		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [22c. DATE	SIGNED S-96
TO HOSPITAL TO FUNERAL should be defined by the	1	WATHER		CZUK	St Agnes F	aspital Cost	on Ave	9008
	2	30. BURIAL, CREMATION, REMO	VAL 23b. DATE	23c NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	11-12-86	Garrison	Forest Cemet			Maryland
DHMH - 16 60M 7/1	B4	4 FUNERAL DIRECTOR		ADDRESS	ALON	REC'D. BY REGISTRAR 25b. R		
(VRA 15, 4)		Bailey Funeral	Home 1348 N. (Calhoun St	. 21217 NU\	1 3 800 Ju	ha Divideon.	Randale



BP

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

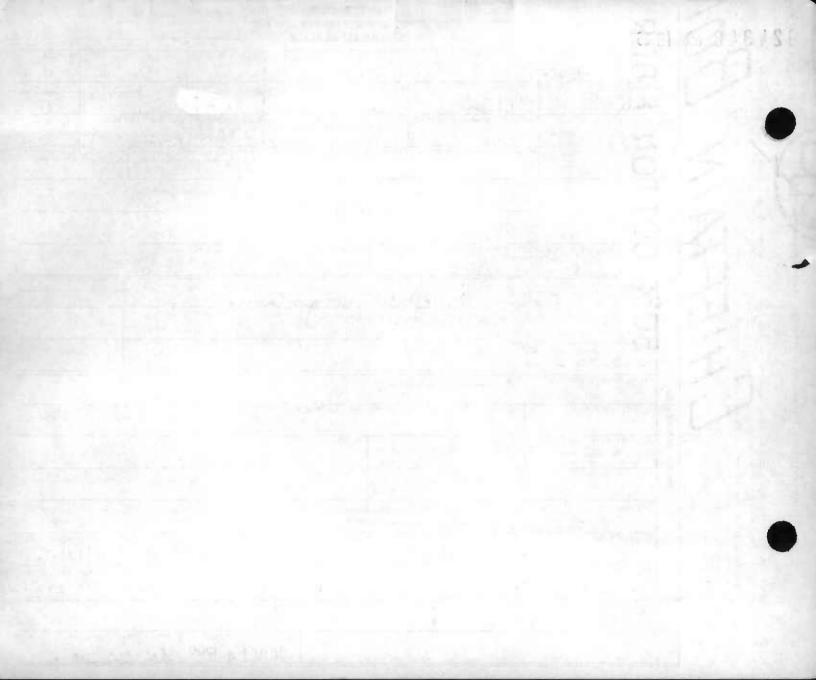
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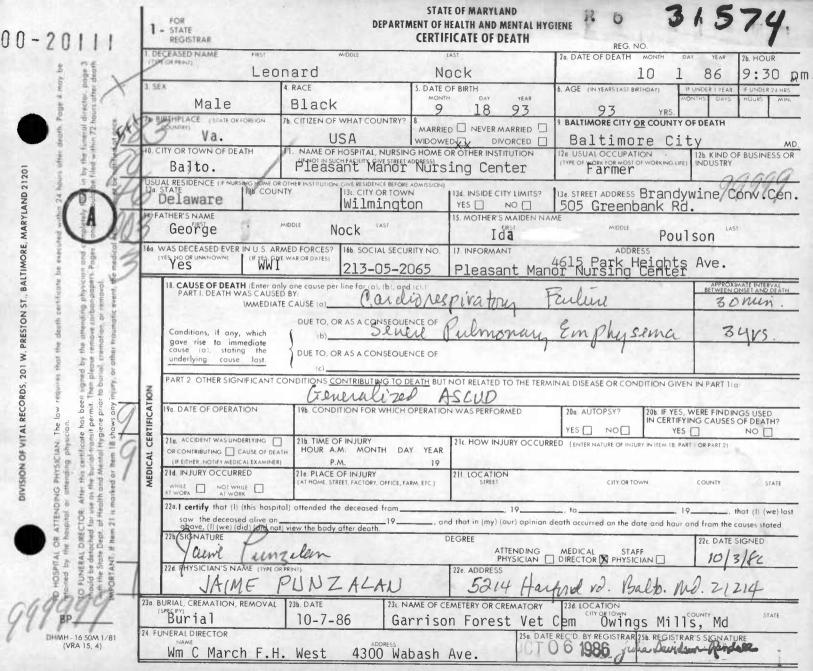
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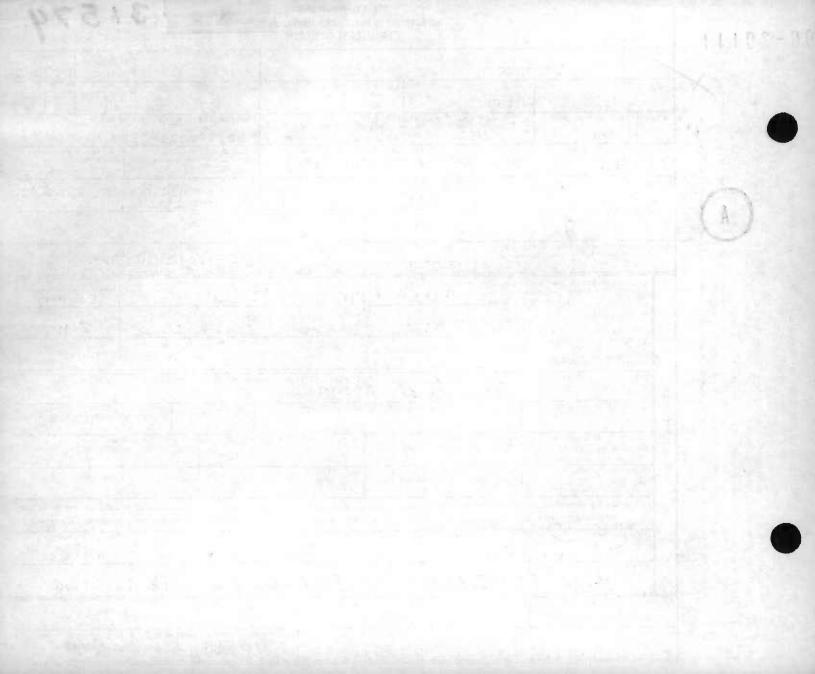
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V	18	STATE			DEI ARTH	CERTIF	ICATE OF D	EATH	REG. NO	0.			
1	1. DEC	CEASED NAME OR PRINT)	FIRST		MIDDLE	L	AST			MONTH DAY	YEAR	26 HOUR	?
	(TIPE	OR PRINT)	HENRY		J	N	NON		1.	1 10	86	18 P	M
1	3. SEX	X .	1	4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIP	THDAY) IF L	INDER I YEAR	IF UNDER 2	A IN
٩	1	Male		Blace	K	MONTH	19	YEAR / 7	69	YRS.	INS DATS	HOURS	Will
		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER M	ARRIED -	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
1		Columbia	S. C.	USA	F	WIDOWE	^	ORCED	BALTIN	MURZ	CIT	1	MD.
-	10 CI	TY OR TOWN OF			HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL OCCUPATION		12h. KIND (BUSINES	SSOR
1		Balto.			cy Hospi	. 7			(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRE		
3	USU A	AL RESIDENCE (IF)	136_COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CI	TV I IAAITS 2	13e.STREET ADDRESS	ZIR CODE			
2		Md.	10000		Balto		YES X	NO 🗆	1114 Wilm		2120	12	
	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S						
		John		WIDDLE	Nixon			ittie	WIDDLE		Stra	wit.	
٦		VAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRE	SS			
1	(1	yes	JIF TES, GIV	VE WAR OR DATES)	246-44-9	294	Elois	e Nixo	n 1114 Wilm	ont Ct.			
		18 CAUSE OF DE	ATH (Enter or	nly one couse per	line for (a), (b), and	tieni			11	5 V.1 J	APPROX BETWEEN	MATE INTERV	AL DEATH
		PART I. DEATI	H WAS CAUSE	D BY: TE CAUSE (o)	Metast	ratic	Lunc	1 Ca	ncer				
					R AS A CONSEQUE	NCEOF							
		Conditions, if a		((b)			1845	0					
1		gove rise to couse (o), st		DUE TO O	R AS A CONSEQUE	NCE OF							
1		underlying co	use lost.	(c)	. A CON 102002	100							
1		PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0	
	CERTIFICATION												
7	CAI	190. DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDI	OF DEATH	нэ
4	RTIF								YES NO	YES [NO 🗌	
		210. ACCIDENT WAS	_	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART ?)		
	CAL	(IF EITHER, NOTIFY				19							
	MEDICAL	21d. INJURY OCC		21e PLACE	OF INJURY	ARM ETC)	21f LOCATIO	N	CITY OR TO	WN	COUNTY	51	ATE
1	~	AT WORK AT	WHILE WORK										
١					e deceosed from_			, 19	, to	, 19.		that (I) {w	e) lost
١		above, (1) (w	eosed olive on e) (did) (did no	t) view the body	ofter death.	, or	d that in (my)	(our) opinion	death occurred on the do	ote and hour or	id from the	couses stat	ted
		226. SIGNATURE		10. 1	T.1		DEGREE	TTENIDOLO		. /	220 DATE	SIGNED	
		(d)	aut .	M 1	- thui	1	F	TTENDING PHYSICIAN [MEDICAL STAF		111	10/81	0
		224 PHYSICIAN'S	NAME (TYPE C	OR PRINT)			22e ADDRESS	5		2 1	1	-	
		Kubu	t A	nthen	(11)			Mercy	Hospital	Bult	MC	21	202
	23a. B	URIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR C	REMATORY	23d. BOCATION	1*1	OUNTY	CT.	ATE
	_	Burial		11,	/17/86	Garri	son For		A. Ownings	Mills			
	24 FU	INERAL DIRECTOR	?		ADDRESS			25a DAT	E REC'D. BY REGISTRAR	25b. REGISTRAF	'S SIGNAT	URE	
	1		arch F/	H 1101 E	. North	Ave.		NC NC	V14 1900	Aulia 5	coden	2.	
										V		-	







102	3947 NO	V	1 - 8	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE REG. NO.	3 5 / 5
	noy be poge 3			CEASED NAME FIRST	MIDDLE A.	No	Drr15	Nov	S 86 1150M
	oge 4 m irrector. pours ofte		e d	male	Blac	CK S. DATE C	- ZI - YEAR	6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.
	dwath. P	3		RTHPLACE (STATE OR FOREIGN	USA	MARRIE		DALTIN	nove city MD.
1/4	H	10	E	BALTIMORE CI	Typicasant M	anore Nuc	SING HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W SIGN Paint	VORKING LIFE) INDUSTRY
ANDO	of 24 to y Hindry Sportibles	5	13a. S	Ma -	OUNTY 13 CITY	Y OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	Penna Ave
MARY	omplet Pood ?	Y		TOHO FIRST	WIDDIE	lorris	Ze Mar	MIDDLE	Harrod
TIMORE	be execu on ond o	1		1	GIVE WAR OR DATES!	3 67 7830	Carlethia	L. Ortiz 2	
ST., BAL	and some contracts of the contract of the con				er anly ane cause per line for to USED BY: DIATE CAUSE (a)	(a), (b), and (c).)	lac arra	et	SEPWEEN CHOSE AND DEATH
W. PRESTON	((t)			Conditions, if ony, which		ONS CUENCE OF LA	e Thomas	>= Homes	yes 1 gale
201 W. PR	that the			gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSECUERICLOS	e lympton	le fackori	ica zydo
	requires. Then plant or to burn		CATION	PART 2. OTHER SIGNIFICAN	nt conditions <u>contribu</u>	TING TO BEATH BUT	SELECT OF THE TO	NAM DISEASE OR CONDIT	ION GIVEN IN PART \$101
DIVISION OF VITAL RECORDS	The less point present	4	CERTIFICAL	190 DATE OF OPERATION	196. CONDITION FO	DR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 2 	10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
N OF VII	SICIAN og physic certifical rial-tram ental thy bem 18 s	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18. PART 1 OR PART 2)
OIVISIO	offer this on the bu	1	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDI applied o CTOR A for use of Nead			saw the deceased ofive above, (I) (we) (did) (did	ospital attended the decease on to not) view the bady after dea	19 50 20 00	d that in (my) (ow) opinio	n death accurred on the date	ond hour and from the causes stated
	TAL OR y the he tal DIRE deroche deroche tit if Nee			22b. SIGNATURE	anuel L	ein i	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	O FUNE hould be whost a	1		MANUEL B	EVIN MD		600 PK H	615 AUR B	X00 4021215
	BP		{:	urial, cremation, remov Burial	7AL 236. DATE 11/12/86		METERY OR CREMATORY Orest Vet	23d. LOCATION CITY OF TOWN Mi 1 Owings	13 COUNTY STAME
	DHMH - 16 50M 1/81 (VRA 15, 4)			rch Funeral Home	West 4300 Wabash		25a DA	OV 1 2 1986	REGISTRAR'S SIGNATURE

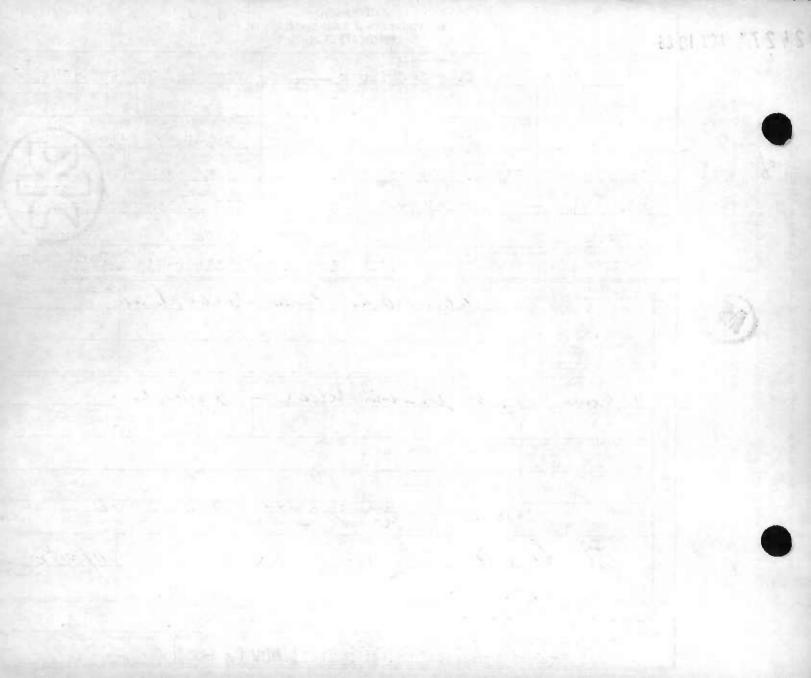
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

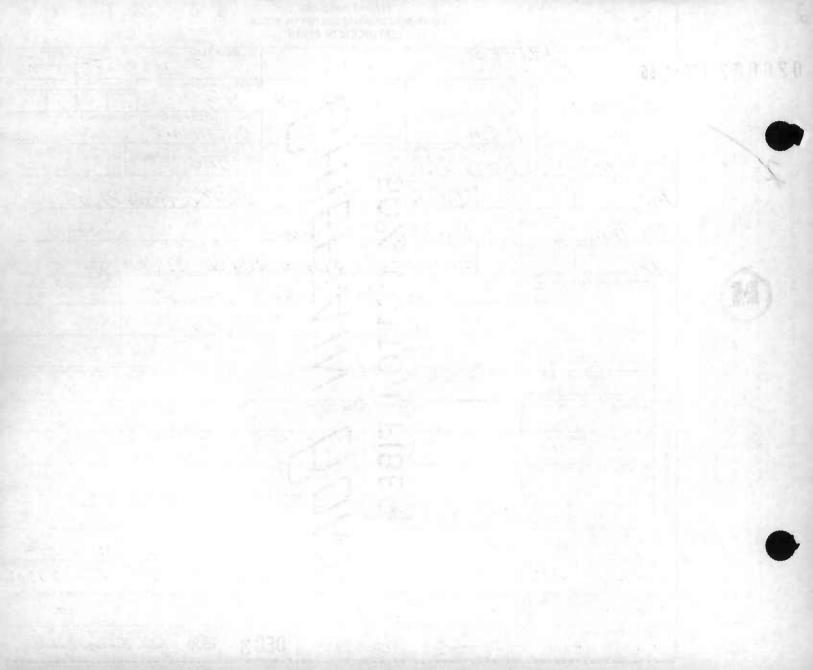
CERTIFICATE OF DEATH

REG. NO.

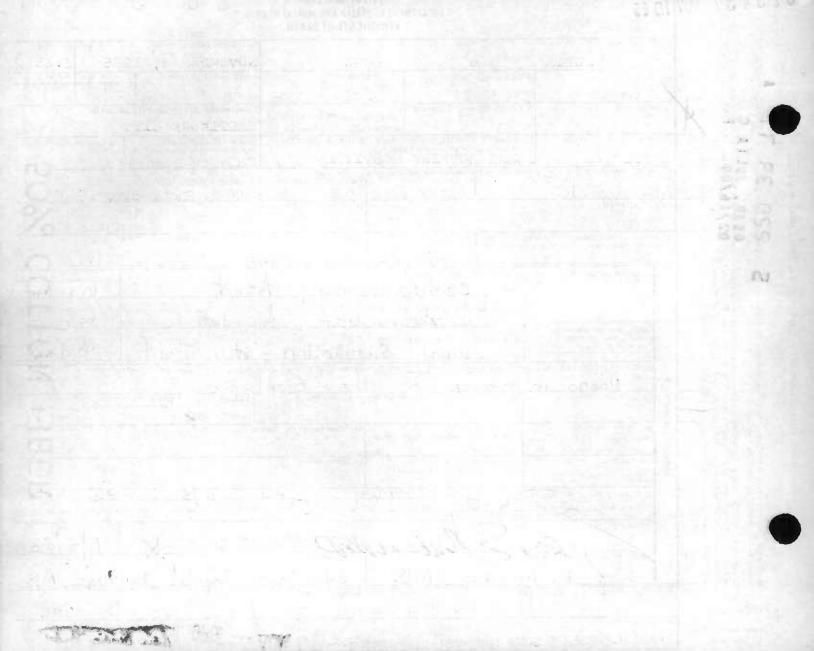
			RST	MIDDLE	- ti	121	20. DATE OF DEATH MONT	H DAY YEAR	26 HOUR
poge 3	TYPE	OR PRINT) An	na	C.	Obin	ger	November	10 1986	1:45 M
Aou do	3. SEX		4 RACE		5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		
ector is a fi		Female	WI	nite	De	c. 10 1892	93	YRS	HOURS MIN.
Pour direction		RTHPLACE (STATE OR FOREK	ON 76 CITIZEN	OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR CO		
nerol of oho		Md.		USA	WIDOWE		Baltimor	e City	MD.
1 == 0	10 CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPATION	12b KIND	OF BUSINESS OR
by the fu		Baltimore		N. Lakew	_	Ave.	Homema		
be be		AL RESIDENCE (IF NURSING)	OME OR OTHER INSTITUT	I.3c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	21205
filled lould		Md.		Baltimo		YES X NO	719 N. La		lve.
ly sh	14. FA	THER'S NAME	MIDDLE	LAST _		15. MOTHER'S MAIDEN NAM	WIDOTE	L.A.	(ST
i itil		Martin		Epple		Mary	Jane	Cl	Lark
dico		VAS DECEASED EVER IN L	J.S. ARMED FORCES			17 INFORMANT	ADDRESS	7607 Par	ck Drive
9 00 9		no or unknown) (IF		218-46-	-5902	Rita M. L	elchliter (1234
4 2 d d d		18 CAUSE OF DEATH IE	nter anly one couse	per line for (a), (b), on	dicil	+ 0 1	11 1 1	BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
(a)			MEDIATE CAUSE (a)	asure	s elle	ey' Celylis	- Varade ch	rely.	
1 Rive			DUE TO	, OR AS A CONSEOU	ENCE OF			1010	
		Canditians, if any, wh gave rise to immedi							
4 4 1 4		cause (a), stating		, OR AS A CONSEQU	ENCE OF				
she	3		_ (c)						
Sugar Sent p Sent p	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1	0
1 1 1 1 1	ATIC	190 DATE OF OPERATION	1 118 00	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY 20b.	IF YES, WERE FIND	INGS USED
4 6 9 9 8 9	CERTIFICATION	THE DATE OF GLERATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0, 2,,,,,,		YES NOT	CERTIFYING CAUSE	S OF DEATH?
有 · · · · · · · · · · · · · · · · · · ·	ERT	210. ACCIDENT WAS UNDERLY		E OF INJURY		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT		
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of of of with the of		BURIAL, CREMATION, REA				EMETERY OR CREMATORY	23d LOCATION		
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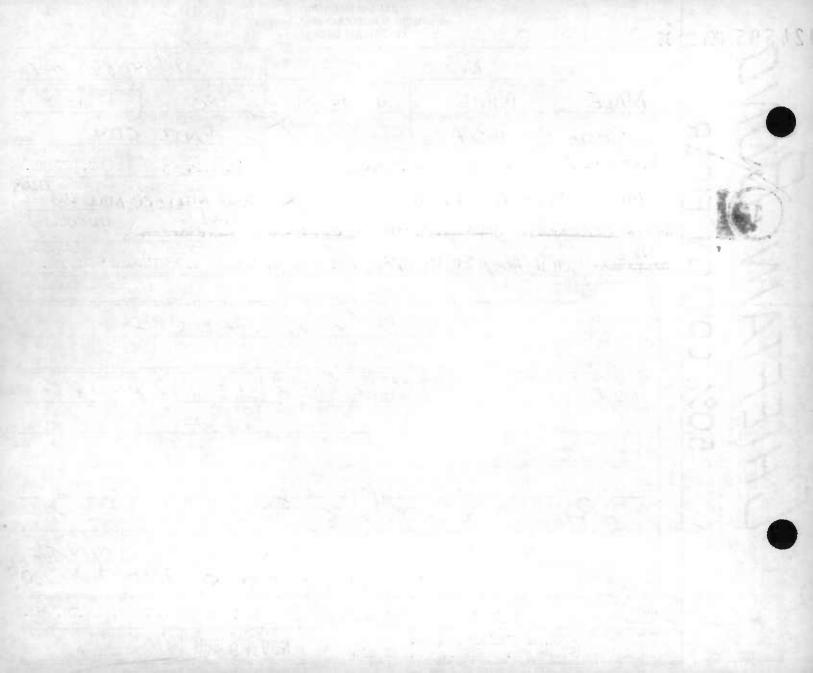
2	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO.
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10 2 mg	BALTIMORE CITY LIBERTY MEDICAL CENTER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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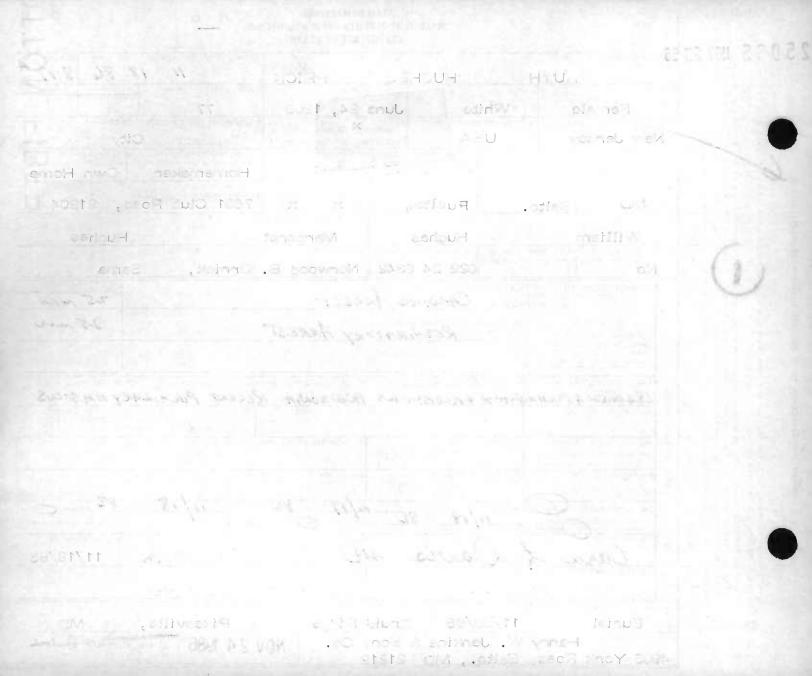
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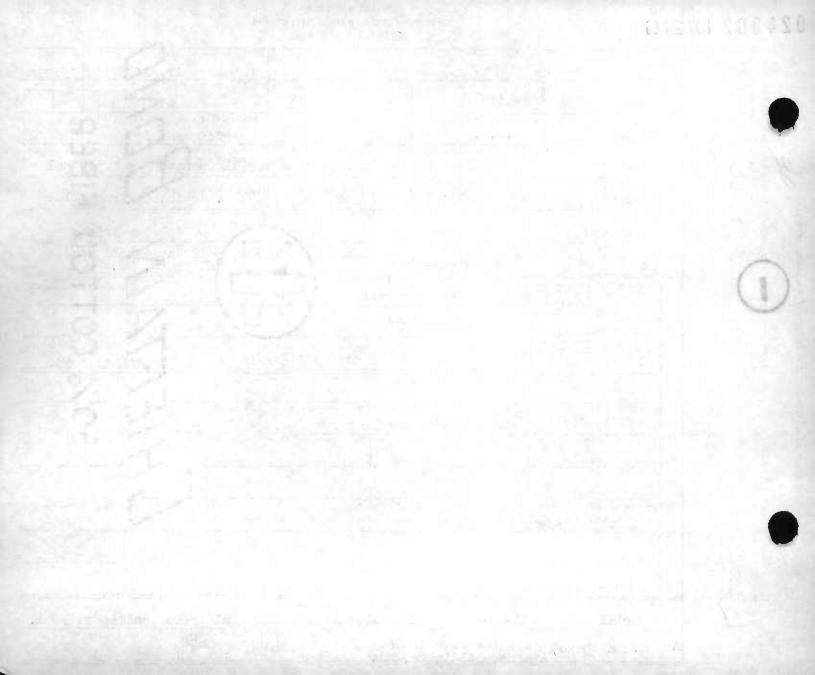


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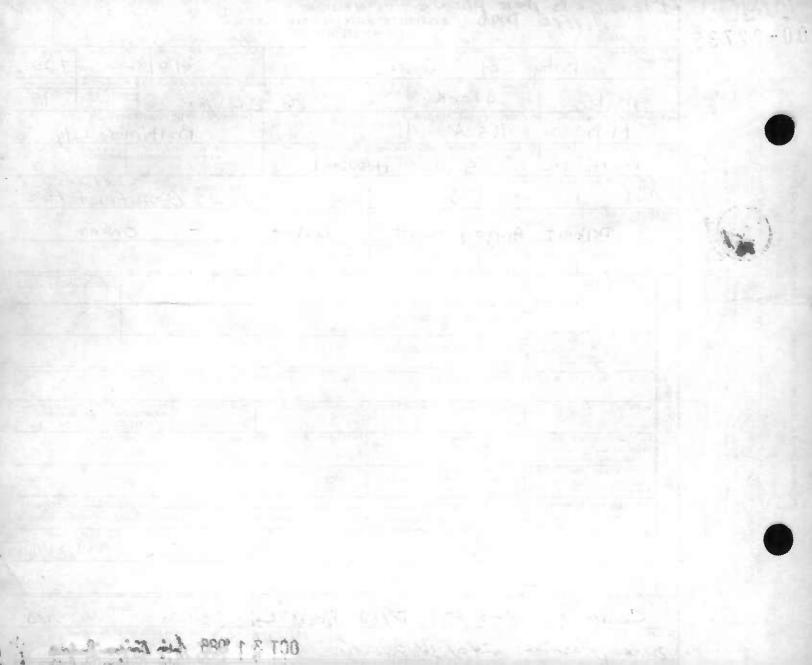


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert oftending physician. fifter this certificate has been signed by the attending post the buriol-transit permit. Then please remove corbon though Americal Hygiene prior to buriol, cremation, or ren arked at them 18 stages ony injury, or other traumatic ev	CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	NGS USED
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OR ATT or hospit DIRECTO oched fo Dept. of them 21	53	22b. SIGNATURE	ot) view the body	differ death.		DEGREE			22c DATE	SIGNED
the Door	77.	Cara	1 &	LANTIA	. 1	ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIA	W. K.	11	/18/86
PITA by by Stat		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	-000 00		22e. ADDRESS] DIRECTOR [] PHISICIA	141	- 11/	10/00
TO HOSPITA TO FUNERA should be di with the Sta		Cara L. Da	vis. M.	D.		The Union M	emorial Hosp	ital		
Shoot	23a F	BURIAL CREMATION, REMOVAL			VAME OF	EMETERY OR CREMATORY	23d LOCATION	rear		
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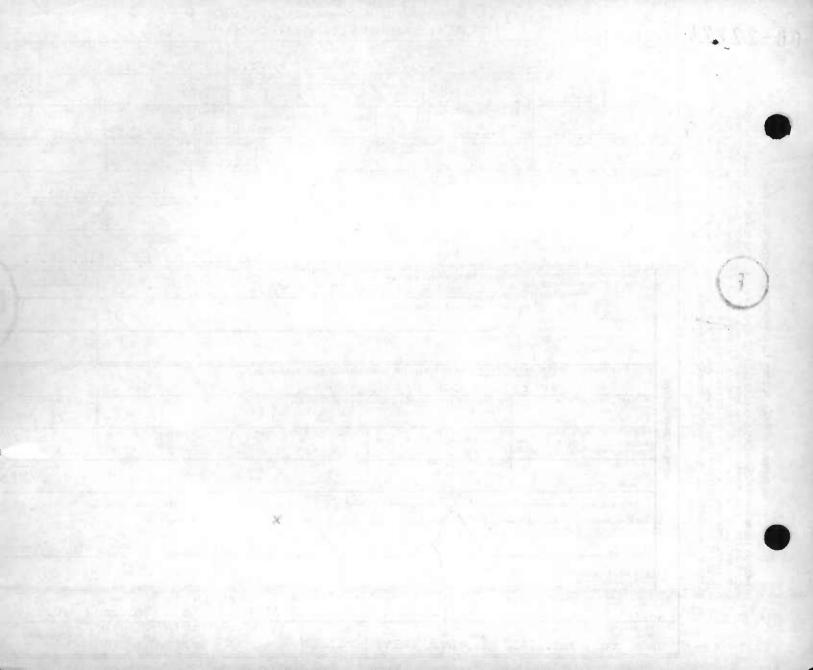




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023439 NOV	10 COSTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
moy be c. puge 3	1. DECEASED NAME FIRST (TYPE OR PRINT) LUTHER 3. SEX	4. RACE S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 1. 4 86 10:00 PM 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH'S DAYS HOURS MIN.
oth. Page 4	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY ARCLING	BLACK AND NONTH ON YES TO CITIZEN OF WHAT COUNTRY?	9. BALTIMORE CITY OR COUNTY OF DEATH
ors ofter de	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BOA SCOLLARS HOSPITAL	120 USUAL OCCUPATION 126 MND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired
ritin 24 hours thin 2 hours thin 2 hours the riting the riting think the riting the riti	130 STATE 130 CO	Baltimore YES NO 115. MOTHER'S MAIDEN NAI	
AORE, MAR executed w and tomple ingent and	Henry 160 WAS DECEASED EVER IN U.S.	Oxendine Susie	address Court.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician. Wher this certificate has been signed by the attending physician and complete yilled in the state has burial-transit permit. Then please immore carbon paper. Page 1 and 1 thought in 111 thank Amenal Hygene prior to burial, certainting or immoral and another orked or tem 18 shows only injury, or after traumatic event the medical equipment matches and another and another another orked or tem 18 shows only injury, or after traumatic event the medical equipment matches.	PART I. DEATH WAS CAU IMMEDI Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) (c)	
TAL RECORDS, 2 The low require: cion. Is to been signe signe prior to buy shows ony injury.	190. DATE OF OPERATION	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO
DING PHYSICIAN: The ar attending physicia After this certificate teas the burial-transit oith and Mental Hygier morked or Item 18 sha	VIOLANCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I LIFETHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE OLI WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) CITY OR TOWN COUNTY STATE
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TO HOSPITAL retoined by 11 TO FUNERAL should be det with the State IMPORTANT:	22d. PHYSICIAN'S NAME (TYP) ROSITA R 23g. BURIAL, CREMATION, REMOV.	CRLIC BON SE AL 236. DATE 236 NAME OF CEMETERY OR CREMATORY	COURS HOSPITAL
BP	(SPECIFY) Burial 24 FUNERAL DIRECTOR March Funeral Home	11/8/86 Loudon Park e West 4300 Wabash Avenue	Baltimore Mde E REC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE V 7 1986

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEREGISTRAR CERTIFICATE OF DEATH REG. NO. I. DECEASED NAME 2n DATE OF DEATH YEAR 7h HOUR LTYPE OR PRINTI Louis PARSCH SR. 301Epit 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 3 SEX *E06 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Md. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) Lectrician RETIARA FRANCIC USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 135 COUNTY 625 South Tolna St. 21224 13a STATE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Garrison Paesch Lara John dward 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Ava J. Paesch 625 S. Tolna Street 21224 LIE YES GIVE WAR OR DATEST (YES, NO ORUNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: ASPIRATION PNERMONIA-ANOXIA 244 IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF WEAK, VESS Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO OR AS A CONSEQUENCE OF PROLUNGED PRESP INSUFF CACHER underlying couse last. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2. OTHER SIGNIFICANT NEMI CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220. | certify that (1) (this hospital) attended the deceased from. and that in (my) (our) apinian death accurred on the date and have and from the causes stated DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PR ree nous 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 harles S. Zeiler & Son Inc. 6224 Eastern Ave. (VRA 15, 4)

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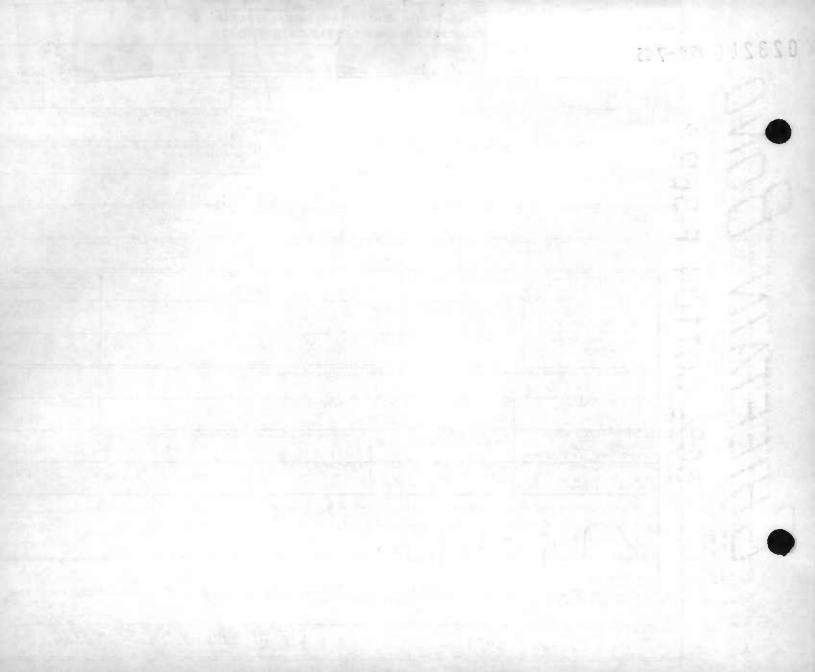
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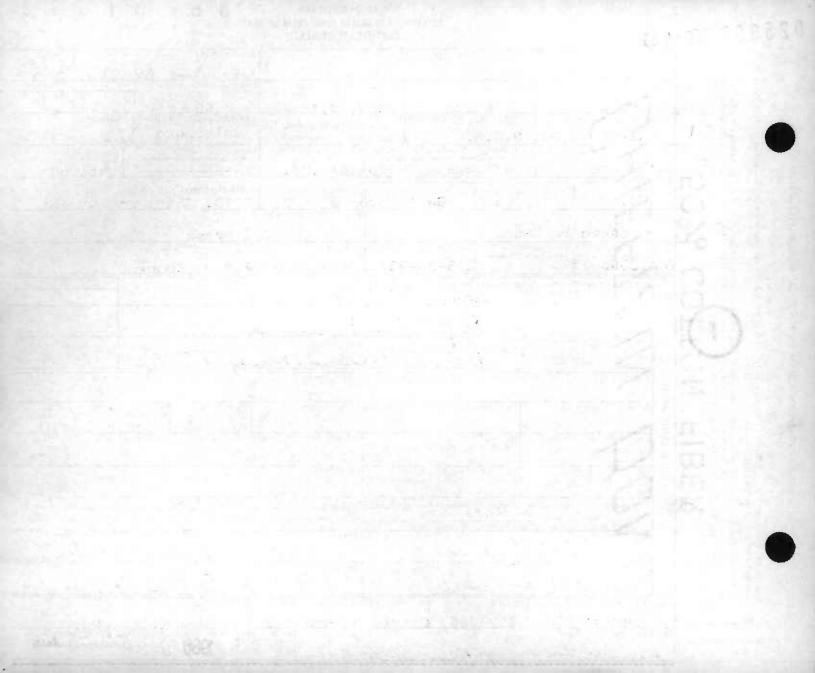
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O STATE CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2b HOUR LIYPE OR PRINTS Rev. RICARDO D. PALOMARES 1986 NOVEMBER 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Male Aug 12, 1944 White 7a. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE Cuha USA DIVORCED CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR BALTIMORE Episcopal Priest JOHNS HOPKINS HOSPITAL 13L COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 1900 Thames Street Apt 202 Maryland YES X NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ricardo Palomares Maria Dolores Dominguez IAN SOCIAL SECURITY NO 17 INFORMANT Ms Mary P. Blair 3817 Monterey Rd. 21218 No 267-88-1844 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIO PULNONARY 2 MINS ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CNV INFECTION DAYS DISSEMINATED Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause MOS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG HERPES PROCTUTES CMU RETINITIS PHOUNOCYSTIS PHOUNDLIP 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? PLACEMENT YES NOT 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNT (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE OCT NOV 22a I certify that (1) this haspital) attended the deceased from 86 saw the deceased alive anand that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED 86 DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 600N. WOLFE ST. BALTO. MD. ld b JOHNS HOPKILLS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 11/18/86 Burial Old St. Paul's Cem. Baltimore Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Leonard J. Ruck, Inc. 5305 Harford Road 21214 (VRA 15, 4)

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may . pog ter d	3. SE	Х .	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
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n and co	160 \	WAS DECEASED EVER IN U.S. AI YES NO ORUNKNOWN) (IF YES, GI YES W	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 2130774		APANDREAS 5900	DARIEN CT.
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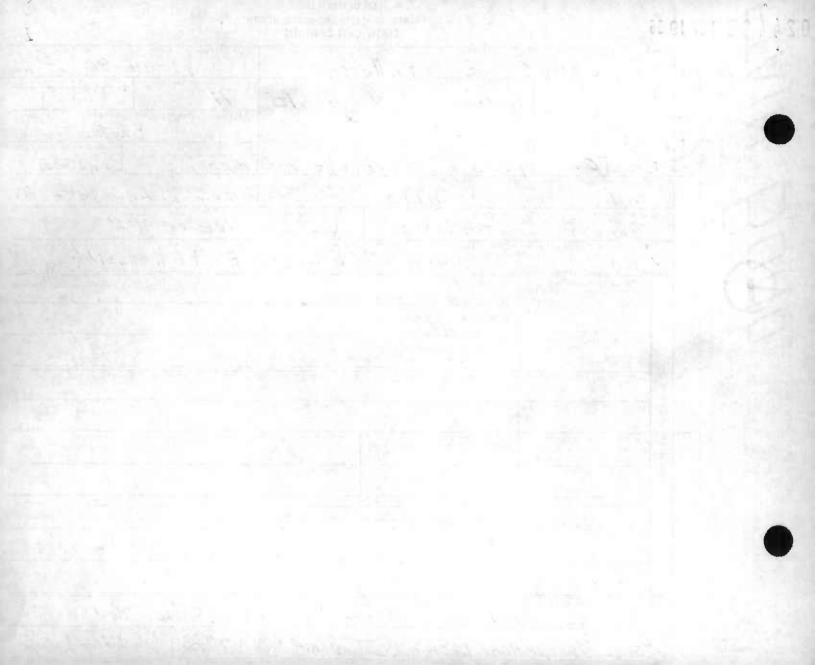
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	IF ANY DELAY IS NECESSARY, PLEASE P. 2, AND 3 TO THE FUNREND DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 5. SHOULD BE FILED WITHIN 72 HOURS. L. REORDS 729 W. PRESTON STREET,	X.		Baltin	nore	1729 N	iarvla		155		FORMO	ST OF WORKING LIFE RETIF		OR INDUST	KT
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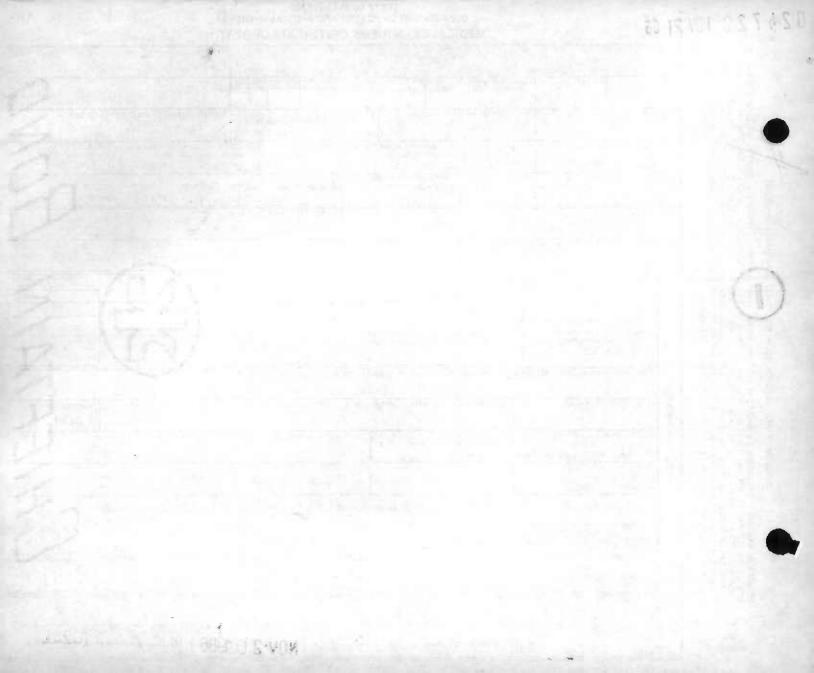
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REQUISTRAR REG. NO FOECEASED NAME KNOWN X MONTH DAY YEAR 2g. DATE (TYPE OR PRINT) DEATH MATED 11-19-86. Everett **JAMES** PARKER 6. AGE (IN YEARS 5. DATE OF BIRTH IE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 5PM M Jan. 31,1965 21 11-19-86 White DEAD Male MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRYS FOREIGN COUNTRY) Baltimore City U.S.A. WIDOWED DIVORCED Maryland CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Construction FOR MOST OF WORKING LIFE) Baltimore University Hospital STU SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21117 Owings Mills 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. 11600 Garrison Forest Rd., NO T FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Estelle Parker, Sr. Marlene Hanna DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, James Aubrev WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRES 600 Garrison Fores James A. Parker, Sr. Owings Mills, Md. 213-96-2910 No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:30 AM 11-7-86 driver of an auto/fixed object collision TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH WITH THE STATE DEPARA BALKIMORE, WASHIND 21201 PRIC 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) Timbergrove Rd. nr. Wesatern WHILE AT WORK roadway Reisterstown . Md. Maryland Railroad Tracks 220. I certify that I taak charge of the remains described above, held an and in my apinion Accident X Hamicide Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED 11-20-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. DADDRESS, (TYPE OR PRINT) 111 Penn Street 23d. LOCATION 23g BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR Sykesville, Balto, Mdiare 22,1986 Lake View Mem. Park Burdal BP. 07/84 NOV 2 1 1986 25M 24. FUNERAL DIRECTOR **DHMH - 17** Owings Mills, Md. (VR A15 ME (5))

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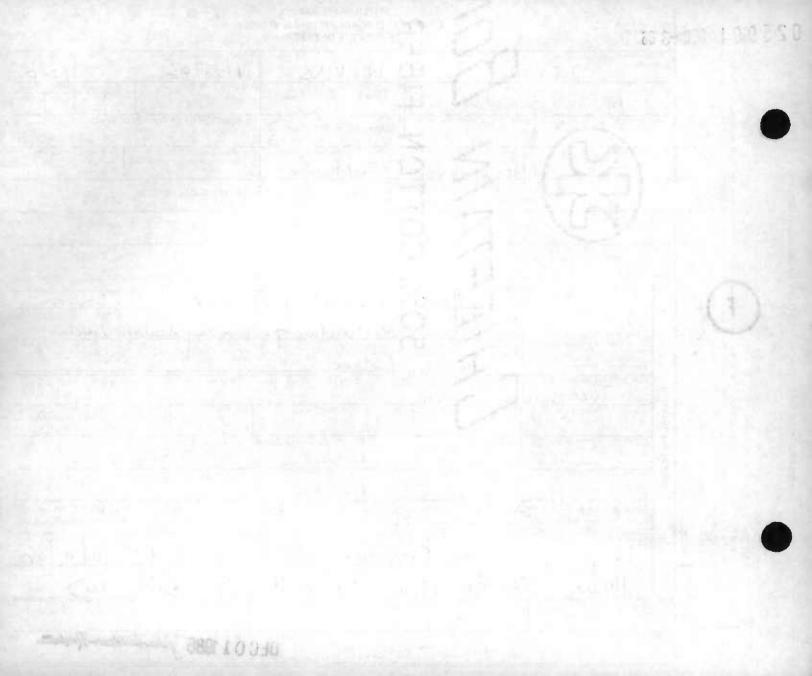
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O FUNESAL Do FUNESAL hould be de- ciff the State		ROSEHA	RY	OLIVO	MD		5444 BEL	AIR RO	DAD BA	NT, MI	21206
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HMH - 16 60M 7/84 (VRA 15, 4)	24 F	Lerby M. &	Russ	ell C. W	itzke¤Fui	neral	Homes P. 1. 250. D	ATE REC'D. BY REGION 21		RAR'S SIGNATUR	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST -20 DATE OF DEATH MONTH 26 HOUR MIDDLE DECHASED NAME 86 Margaret PECHULIS 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1. SEX MONTH 28 16 Female White Jan. 9. BALTIMORE CITY OR COUNTY OF DEATH INTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY Maryland USA Baltimore City WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Credit Clerk. Dept. Stores St. Agnes Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13a. STATE 13h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 1935 Whistler Avenue, 21230 Baltimore YES K Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Wipfield Koernke John A Margaret 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Bless J. Pechulis, 1935 Whistler Avenue 216-03-3257 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY ARDIOPULMONARY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ERERRAL INFARTIONS Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS, A CONSEQUENCE OF underlying cause last tering. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 71d. INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that Jr (this haspital) attended the deceased from 86 and that in (mm) (our) opinion death occurred an the date and have and from the couses stoted saw the deceased alive an abave, (1) (we) (did) (did with view the bady after death 226. SIGNATURE DEGREE 72: DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) D # 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL CREMATION, REMOVAL 236. DATE COUNTY (SPECIFY) Baltimore Maryland 11/21/86 Loudon Park Cemetery Burial 250 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VRA 15, 4)

5901 DEC	FOR PATE GEGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE Ö Ö	3 1 0 0 3
	1 DECEASED NAME FIRST	MIDDLE		REG. NO	
a m ÷	LIVER OF PRINTS		LAST	20 DATE OF DEATH N	NONTH DAY YEAR 26 HOUR
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sign hen he bu	PART 2 OTHER SIGNIFICANT	31 3	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 100
y or T	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Men loxicate	OPENATION WAS SERVED US		
	M DATE OF OPERATION) I'M CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
te has risit per giene shows	Ē			YES NO	YES NO
SOT W	00 000 170 100 100 100 100 100 100 100 1	116 TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2}
borral-tr Mental	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	~111	19		
C 0	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
After the as the alth and marked a	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
use as use as Health is mar		ital) attended the deceased from_	11/20 10 87	11/20	10.87
S F E	sow the deceased alive or	11/20 10	and that in (my) (aur) appoint	n depth prouved no the date	e and hour and from the causes stated
	above, (1) (we) (did) (did no	ot view the body after deoth.		- deom occurred on the dote	ond nour and from the couses stated
DIRECTOR oched for u Dept. of He If hem 2Lis	226 SIGNATURE	T 1 1:	DEGREE	HEDICH STAGE	22c. DATE SIGNED
a der dit	1	Joseph Cl	M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NB 11/20/86
FUNERAL	THE PRYSICIANS NAME (THE	on Parists	22e ADDRESS		
	HYLLIN	JOSEPH VIII	1 MONEY KA	nombal B	albo win
0 % * M	23a BURIAL, CREMATION, REMOVAL	23b DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	2010 1001
D	(SPECIFY) Removal	11-24-86	TOTAL OF COMETENT OR CREMATORY	CITY OR TOWN	COUNTY STATE
P	24 FUNERAL DIRECTOR	11 27 00		75 05 00 00	
MH - 16 60M 7/84	NAME	ADDRESS	25a DA	FC O 1 1986	B. REGISTRAR'S SIGNATURE
(VRA 15, 4)	Anatom	y Board I	Balto., Md.	LUUI BOOM	



		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE 8 0 3 1 0 0	-1
6 4 4 NOV 20	95-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR	140
oy be death	TITPE	Sara	a Jane	Peterson	November 9, 1986	M
mo)	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2. MONTHS DAYS HOURS	4 HRS
ge 4		Female	White	6/6/1924	62 yrs.	
Per Per Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
Je of Line		Penna.	USA	WIDOWED DIVORCED	Baltimore City	MD.
by the filled with	В	altimore	3915 Eightl	1 Street	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Sup. Maintenance/AA Bd	S OR
avid be	13a S	AL RESIDENCE (IF NURSING HOME OF ATTATE 136 COURT TO THE ATTACK)	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NIY 134. CITY OR TOV Bal time	VN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE Educat 3915 Eighth St., 2122	
2 sh	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE LAST	1
oud out		Harry		aw, Sr Mary	Gertrude Webste	r
n ond ce Pages		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GI	WE WAR OR DATES) 166 SOCIAL SECTION (1997) 1		31 Burwood Rd., achal Glen Burnie, Md. 2	106
4YSICIAN: The law requires that the death certifica ding physicion. Is certificate has been signed by the attending phys burial-transit permit. Then please remove corbangop Mental Hygiene prior to burial, cremation, or remove or term 18 shows any injury, or other traumatic event.	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211. LOCATION	APPROXIMATE INTERVIBENCE AND DELIVER NONSET AND DELIVER NO DELIVER NONSET AND DELIVER NO DELIVER NO DELIVER NO DELIVER NO DELIVER NO DELIVER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)	2
TENDING PRITE of a catten of the catter of the cast he filtered of the catter of the c	WE	WHILE NOT WHILE AT WORK 220 1 certify that (1) (this hasp saw the deceased alive or	(AT HOME, STREET, FACTORY, OFFICE, sittal) attended the deceased from the street of th	June 27 19 8/	to Nacible 1. 19 86, that (I) (we death accurred on the date and hour and from the couses state	e) lost
AL OR ATT y the hasp (AL DIRECT detached for ate Dept. or		226. SIGNATURE	Vein	DE GREE ATTENDING PHYSICIAN	MEDICAL STAFF 1226 DATE SIGNED	6
TO HOSPITAL TO FUNERAL Should be det with the State MAPORTANT:		Dr. Wei	ss, M.D.		nds Lane, Balto., Md. 21	225
BP		Burial, Cremation, REMOVAI SPECIFY Burial	11/12/86 L	NAME OF CEMETERY OR CREMATORY akemont Cemetery		M.
DHMH - 16 50M 4/83 (VRA 15, 4)	- 100	Deral director Cully Funera	237 E. Pataps al Homes Balto	co Ave.,	TEREC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE V 1 8 1986	S

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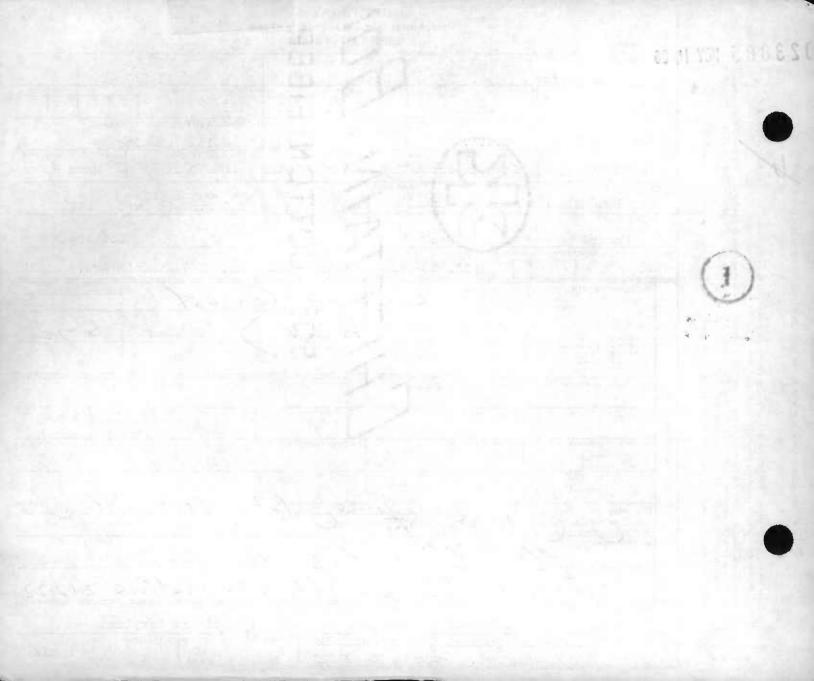
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

110	0.0	REGISTRAR						RE	G. NO.			
14		CEASED NAME FIRST	MIC	DDLE	LAS	1	4,121	20 DATE OF DEA	H MONTH	DAY	YEAR	26 HOUR
		Marquerite	E.		Pet	ty	In the		11	7	86	М
	3 SE	X	4 RACE		5 DATE OF			6 AGE (IN YEARS L	ST BIRTHDAY)	MONTHS.	RIYEAR	IF UNDER 24 HRS
	Fem	ale	whi	te	MONTH 6	22	21	65	YRS	MONTHS	DATS	HOURS MIN.
9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8			9 BALTIMORE CI		Y OF DE	ATH	
5		West Virginia	U.S.A		WIDOWED	NEVER A	VORCED	Ral+	imore C	itsz		MD
21		TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	IG HOME OF	OTHER INST	NOITUTION	120. USUAL OCCI	PATION	12h	KIND O	E BUSINESS OR
/		Baltimore	Franci	S SCOTT	Key Me	edical	Center	Homem	aker	LIFE) INC	NINE N	R Home
-	USUZ	AL RESIDENCE (IF NURSING HOME OR										-
4		Maryland Bal	timore	Dunda]	1 1	13d. INSIDE C		13e.STREET ADDR			2.1	1222
1	-	THER'S NAME	TOTAL T	Danaa		YES [MAIDEN NAM		ndalk A	ve.	21	L222
2	7		MIDDLE	LAST	- 4		FIRST	MID	DLE		LAS	
1		Howard	R	Buck			essie	E	0.00000	St	eale	žΥ
2		AS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECU		17 INFORMA			DDRESS			07000
-		NO		213-20-7	7989	Harr	y Petty	, Jr. 1	07 Dund			
90		18 CAUSE OF DEATH (Enter on	ly one cause per li	ne for (o), (b), and	d (c).)	1	/	7	1		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
40		PART I. DEATH WAS CAUSE	E CAUSE (a)	4	and	iac	2 5	ares	7			
-4			DUE TO OR	AS A CONSEQUE	NCF OF	11/	1 /	>			-	
9		Conditions, if any, which	(b)	A C O C O C O C O C		HC	-1	()			5	m
		gave rise to immediate cause (a), stating the	2115 10 00	AS A CONSTOUR	NICEOF							
		underlying cause last	DUE TO, OR	as a conseque	ENCE OF							
		PART 2. OTHER SIGNIFICANT O	ONDITIONS CON	ATRIBUTING TO D	DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN	PART luc	
	Z							With Broken Cit	20110110110	1, 5, 4, 11, 4	71111 110	
1	PECATION	1% DATE OF OPERATION	1% CONDITI	ON FOR WHICH	OPERATION	WAS PERFO	RMED	20s AUTOPSY				IGS USED
1	SEEC				-			YES [] NO	and the second second	IFYING (CAUSES	OF DEATH?
/	CERT	THE ACCIDENT WAS UNDERLYING	216 TIME OF	INJURY		71: HOW IN	JURY OCCURR	ED (ENTERNATURE O	tuni	And a	PARTON	NO LI
1	41552	OR CONTRIBUTING CAUSE OF DEA	TANK MAKESAN PROPERTY OF	MONTH DA	201 65/1/00							
	MEDICAL	214 INJUNY OCCURRED	21e PLACE OF	E that is only	1.9	ZII. LOCATK	36)					
	ME			T FACTORY OFFICE P		2,000		city	DETOWN	6.0	N/MFF	STATE
		AT WORK NOT WHAT			1	_	/	2 1	1	5	21	
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		saw the desensed give on above (II (ye) (did side no	view the body of	tter depth.	#Cond	that interv	(our) opinion o	leath occurred on	he date and ha	tur and f	com the a	couses stated
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	0	111	1/10/	1/1	en	fani	HYSICIAN Z	MEDICAL DIRECTOR PI	YSICIAN [
		224 PHYSICIAN'S MAN TIME	ando 6	110	1	274 ADDRESS	7- 7	1001	-11	^	4.8	
		NYMAN	1 6	wor	16	- 61	150 A	reac	uda	ne	2	1222
		URIAL CREMATION, REMOVAL	73E DATE	[23c 8	VAME OF CE	METERY OR (REMATORY	236 LOCATION	io.		1117	
	1	Burial	11-10	The state of the s	Oak La		erretion with	Baltim	ore Mar	vlan	d	STATE
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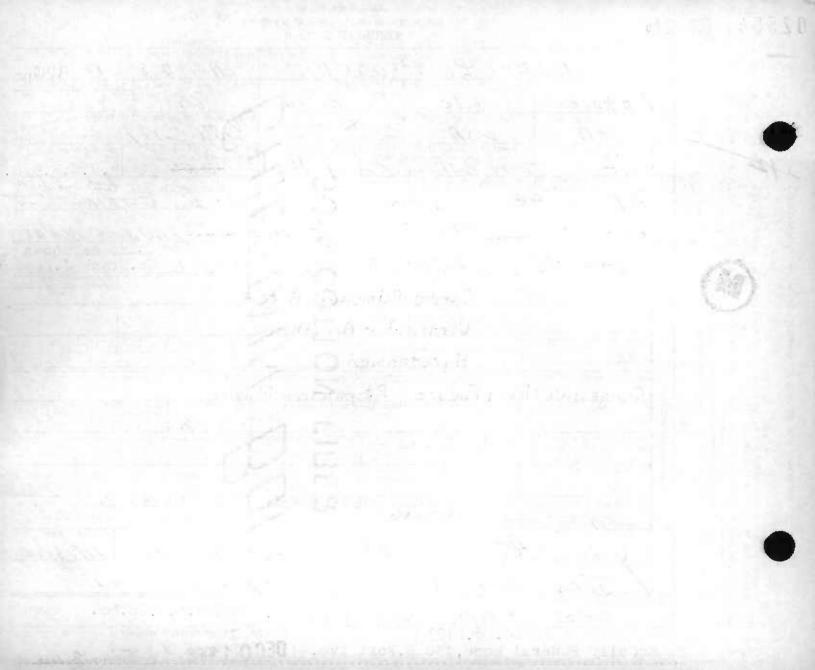
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			CEASED NAME FIRST	WIDDLE	L/	AST	20 DATE OF DEATH		YEAR 2b.	HOUR
nay be page 3		(TYPE	OR PRINT)	RY JOSEPH	Ditt	ALLER	NOVEMBER	9,1986	11	· 27 1
a po		3. SE		4. RACE	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST B	RTHDAY) IF UNE		UNDER 24 HRS
ctor s of			Male	White	8 MONTH	- 10- 1907	7 79	YRS.	5 DAYS HO	DURS MIN.
Page 1900	1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY		EATH	
and Section of the se	36		Maryland	U.S.A.	WIDOWE		Baltimore	City		MD.
Control of the contro	See See		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN UENOT IN SUCH FACILITY, GIVE STREET, Church Hospi	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT TYPE OF WORK FOR MOST Clerk/Ret		b. KIND OF BUIDUSTRY	JSINESS OR air
a 24 hour	and the	13a. S	AL RESIDENCE (IF NURSING HOME OF ITATE 136. COU!	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltime	N 1	13& INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS 111 N. E	ZIP CODE ast Ave	nue 2	1224
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9 9 8	90		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS 111 1		st Ave
	1		No	216-10-	5029	Mrs. Catl	nerine M.	haller		21224
physical)			nly ane cause per line for (a), (b), and ED BY: TE CAUSE (a)	U' MO'	ARV ARPES	ſŢ		APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
dedit to	summetic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF YOCA	RDIAT INFA	RCTION			
ING PHYSICIAN. The law requires that the attending physician that been signed by the on the bursal-transit permit. Then please rem	or other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE ARTERTO	NCE OF	POTTC HEAR	T DISEASE			
spires signe her pi	lury, or	2	PARTSPIERSCHOOL	CENTITOUS COPTRIBUTING TOT	EATH BUT	*MHPYHYRA	ASAL DISCONDERS	HT TO SEVE THE	ተያቸው	
he low reconn.	2	CERTIFICATION		CENT ANTEDIOD 196. CONDITION FOR WHICH					RE FINDINGS CAUSES OF I	USED DEATH?
SICSANI T a physic certificate	9		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCI	JRRED (ENTER NATURE OF INJU			
NG PHY attendir her this	arked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO)wn (c	OUNTY	STATE
ATTENDI rephol ex CTOR. A	21 15 m	Q	abave, (1) (we) (did) (did no	NOVEMPER 9	86 on	BFR 11, 19 8 d that in (my) (aur) opinio	6 to NOVEME	ER 0 19 ate and to	86, that from the caus	(I) (we) lost es stated
TAL CR	AT. if ber		174 SIGNATURE	conic.	C		DIRECTOR PHYSI	FF CIAN [2c. DATE SIGN	VED
O FUNER Pould be d	WEDRIA		278 PHYSICIAN'S NAME (TYPE OF	C. PATI	2ic	IOO N.	Proadway		MA.	21231
25.62		23a. B	URIÁL, CREMATION, REMOVAL SPECEY) Burial	23b. DATE 23c. N	AME OF CE	METERY OR CREMATOR	23d LOCATION CITY OR TOWN	COM	NIY	STATE
BP	-	_	Burlal	11-12-1986 Ga			1 Ba	ltimome	, Mar	yland
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0 2 3	547 DEC-	214	FOR STATE REGISTRAR				ICATE OF DEA			014.0		
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- 15	13.43	10. C1	Y OR TOWN OF DEATH	11. NAME		NURSING HOME (OR OTHER INSTITU		PE OF WORK FOR A	OST OF WORKII	NG LIFE) INDUSTR	
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ND 2	24 h	13a. S	TATE 13b. COL	3-E	13t. CITY	allinor	13d. INSIDE CITY YES NO		STREET ADDR	ESS / ZIP C	ODE Balto	
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ITAL	N. The icote ho ronsit pe Hygiene 118 show	ERTI	71a. ACCIDENT WAS UNDERLYING	21b TL	ME OF INJURY		71r HOW IN JUE		YES NO		YES	NO 🗌
DF.V	SICIAN: ng phys certifica virial-trai ental H)		OR CONTRIBUTING CAUSE OF D	EATH HOU	R A.M. MON	TH DAY YEAR		NT OCCORNED	TENIER MAIORE C	T HAJORT DA HEA	N 10 PART I OR PART 2	
NO	上方 マロモ は	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e. PL	P.M. ACE OF INJURY	19	211 LOCATION		-	0010000	COUNTY	
ISIN	DING PH or attend After the se as the lath and marked a	₹	WHILE NOT WHILE AT WORK	(AT HO)	ME, STREET, FACTORY	OFFICE, FARM, ETC.)	STREET		CITY	ORTOWN	COUNTY	STATE
۵	Z - 0 5 0 0		220.1 certify that (1) (this has						to		19.86	, that (I) (we) last
	pito for of the		saw the deceased alive of above, (Milwe) (did) (did)	ot) view the	body after deat	1.	nd that in (my) (ou	ır) apinıan deat	h occurred an t	he date and	hour and from th	e causes stated
	O HOSPITAL OR AT etonined by the hosp TO FUNERAL DIRECTORNOL be detoched frould be detoched from the Stote Dept. (MAPORTANT: If them.)		22b. SIGNATURE	11		m	DEGREE ATTE	ENDING M	MEDICAL	STAFF	221. DA1	E SIGNED
	HOSPITAL ned by the FUNERAL Jid be deto the Store ORTANT: If		234 PAYSICIAN'S NAME COM	us		1/17			IRECTOR PH	YSICIAN	11	128/86
	TO HOSP retained I TO FUNE should be with the S		1 Tober	10,	T 75 6		300	1 5	16.		51	
	shoul with IMPO		URIAL, CREMATION, REMOVA	L 23b DAT	TE	23c. NAME OF C	EMETERY OR CRE	MATORY I	23d. LOCATION	001	J / .	
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	DHMH - 16 60M 7/84	24 FU	INERAL DIRECTOR B	alto.	Md.212	30	A de de de de		C'D. BY REGIS	RAR 25b. RE	GISTRAR'S SIGNA	ATURE
	(VRA 15, 4)	I,	ccully Fune	ral H	ome, 13	O E.For	t Ave.	DEC	7 1 1981	1 10	Tine	2



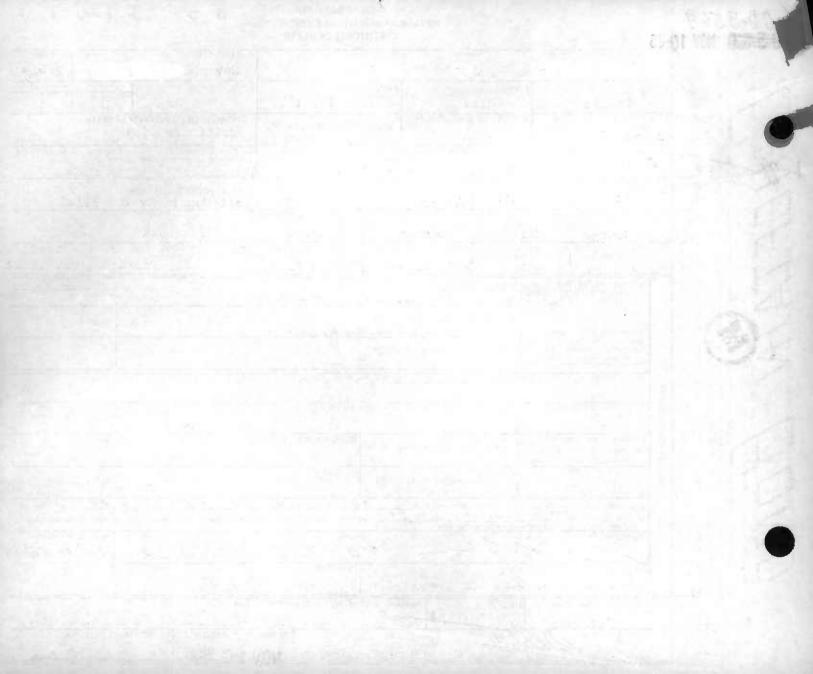
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAMEA (Mae) Maru Agnes Phelan 5 DATE OF BIRTH DAYS Female White Oct. 1892 7a BIRTHPLACE (STATE OF FOREIGN 76 CITUTEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore. Md. U. S. Baltimore City WIDOWED DIVORCED JEMEDEROMENOUS HE HOLLES OTHER INSTITUTION 126 KIND OF BUSINESS OR altimore 1000 S. Caton Ave.Balt; Md.21229 Bookkeeper-Coth Rev. & Co USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 113e STREET ADDRESS Baltimore Transit W. PRESTON ST., BALTIMORE, MARYLAND 2 13d. INSIDE CITY LIMITS? Md. Baltimore Milton Ave. 21224 YES TY 104 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Patrick Phelan Mary 17 INFORMANT Tucumcari. ADDRESS New Mex. 88401 166 SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-05-9775-Margaret M. Tuel-2353 . 18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY L FAILURE IMMEDIATE CAUSE (0 DUF TO OR AS A CONSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COLINTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that # (this haspital) attended the deceased from sow the deceased alive on_ and that in (aux (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ith the CENTINS- 1000 S. CATON AVE. 21229 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL altimore, Md. New Cathedral Cem. Burial BP 250. DATE REC'D. BY REGISTRAR 250 REGISTRARS SIGNATURE 24 FUNERAL DIRECTORS terling Funeraless Estate, P.A. DHMH - 16 50M 1/76 736 Edmondson Ave.; Catonsville, Md. 21228 (VR A 15 (4))

Juna i.a.oran

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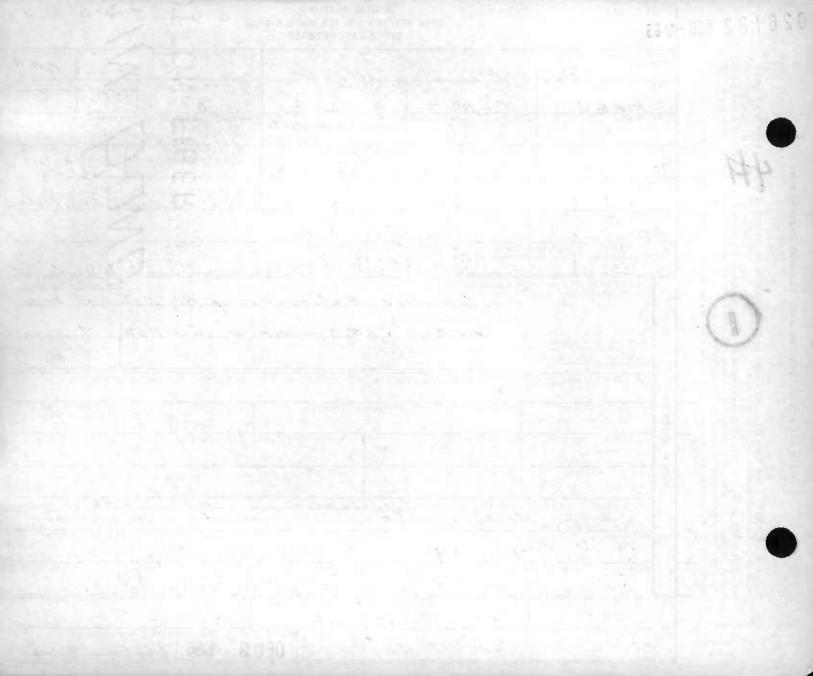
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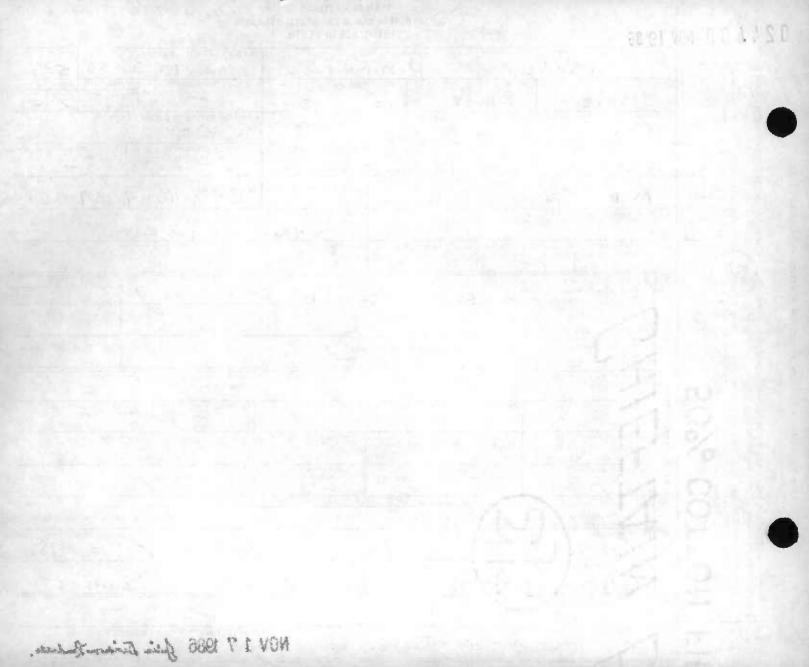
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deoth.		N.C	W.SH	WIDOWED DIVORCED	Bultimore	, City MD.
7 12 5	10 C	ITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
- 1115 10	B	Himore	(IF NOT IN SUCH FACILITY, 91		(TYPE OF WORK FOR MOST OF WORKING	- 100000
2 7 1	u	AL RESIDENCE (IF NURSING HOME OF	1000	Wynns tull tarkway		1 Dol + Die
D 21		STATE / 13b. COUN			13e.STREET ADDRESS / ZIP CO	DELICAL-I
AND 124 Filled Filled Fould Market	2	Ma -	Bal	timore YES X NO [1625 Gwy	nns tall tarkua
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BALTI		18 CAUSE OF DEATH (Enter or	ly one couse per line for (a)	(h) and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E .		gove rise to immediate cause (a), stating the)			J
W. hot t		underlying cause last.	DUE TO, OR AS A COM	NSEGUENCE OF		. AC 05
o page			(c)			
10 E D E D C	z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition o	GIVEN IN PART Ita
] 🖺					
ECO aw r	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
	重					TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
	- 3	1210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71r HOW IN JURY OCCI	JRRED (ENTER NATURE OF INJURY IN ITEM)	
		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	THE TENTER INFIDRE OF INJURY IN TEM I	O PART I ORPART 2)
N OF N OF NO Physical	MEDICAL	I IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
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R ATTI hospirt ned for ppt. of fem 21		saw the deceased alive on abave, (1) (we) (did) (did no	t) view the body after death		an death accurred on the date and h	our and fram the causes stated
8 4 8 6 5 5		22b. SIGNATURE		DEGREE		22t. DATE SIGNED
14 14 9 7		Donothing	SMALL 11/1	ATTENDING		12-1/8%
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0 g 5 g 4 g 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23 a.	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY OR CREMATOR	y 23d. LOCATION	
BP		(SPECIFY) Burial	12/4/86	Garrison Forest Vet	CITY OR TOWN	COUNTY STATE
DI		UNERAL DIRECTOR	1 2-7 .7 00		Owings Mills	Md Md
DHMH - 16 60M 7/B4	24.	Marche Funeral Home	West 1300 Wahar	Aprell	ATE REC'D. BY REGISTRAR 25b. REGI	STRAK'S SIGNATURE
(VRA 15, 4)		ar cir i dilci di Hone	west 4500 wabas	II Avenue	EC 2 1986 Juli	a Davidson-Randall



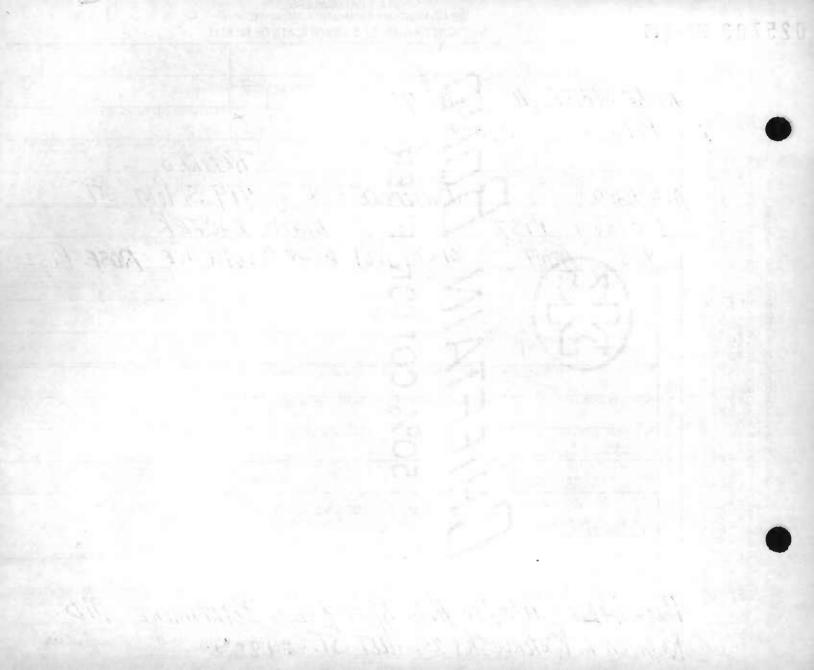
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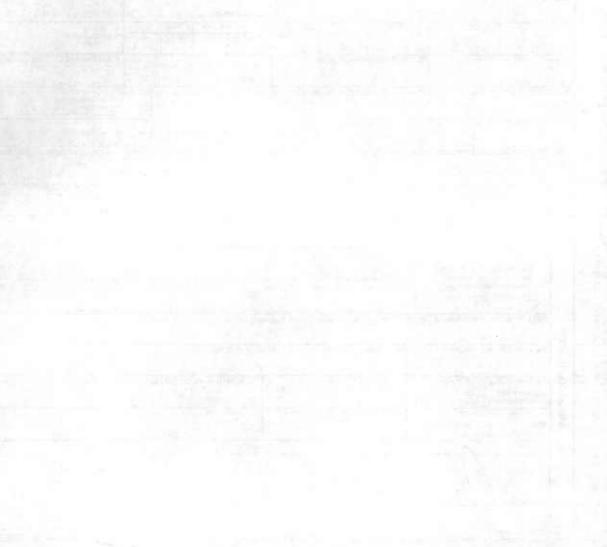
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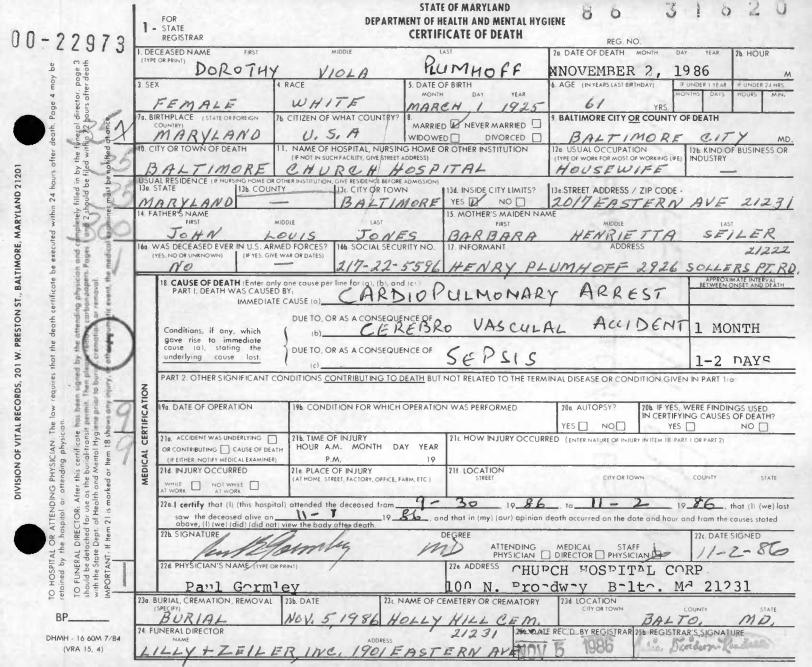




DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO LOICEASED NAME PLISKEN 20. DATE KNOWN MONTH DAY 26 HOUR 3 (TYPE OR PRINT) ESTI-DEATH MATED 1. IF ANY DELAY IS NECESSARY, PLEASE
2, AND 3 TO THE FUNEAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
25.HOULD BE FILED, WITHIN 72 HOURS.
21.RECORDS, \$91 W. PRESTON STREET, LAWRENCE 19 86 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE DAY LAST BIRTHDAY) PRONOUNCED 6:50 39 DEAD MALE WHITE AUG. 26, 1947 YRS 7a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCEDXXX Baltimore City USA NEW YORK WIDOWED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore Sinai Hospital EXTERMINATOR PEST CONTROL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN BALTIMORE 6307 LINCOLN AVE. #21209 MARYLAND YES X NO 1 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE ALTIMORE, **JAMES AVRAS** PLISKEN MILDRED 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT MRS.MILDREDESTEINBERG (IF YES, GIVE WAR OR DATES) 21209 6307 LINCOLN AVE. BALTO. MD NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TO 5:50 M. 11-20-1986 Pedestrian struck by motor vehicles CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN STATE 5700 blk. Falls Rd road Balto MD SO. Of Poplar Hill Autopsy X, Inspection I, 22a. I contify that I topy that ge of the remains described alliove, held on Inquiry and in my opinion Natural cours death resulted from Homicide ___ Undetermined monner TITLE (SPECIFY) EXECUTE THE C PACE A SHOUL TO PUNERAL D AFTER DEATH BALTIMORE, M. ACTUAL DATE SIGNED 11-21-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23 a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MIKRO KODESH-BETH ISRAEL NOV.21,1986 BALTIMORE MARYLAND BURIAL 07/84 BP 74 FUNERAL DIRECTOR SOL LEVINSON & BROS., ILNC. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** a widger. Pandall 6010 REISTERSTOWN RD. 21215 (VR A15 ME (5)) BALTO., MD

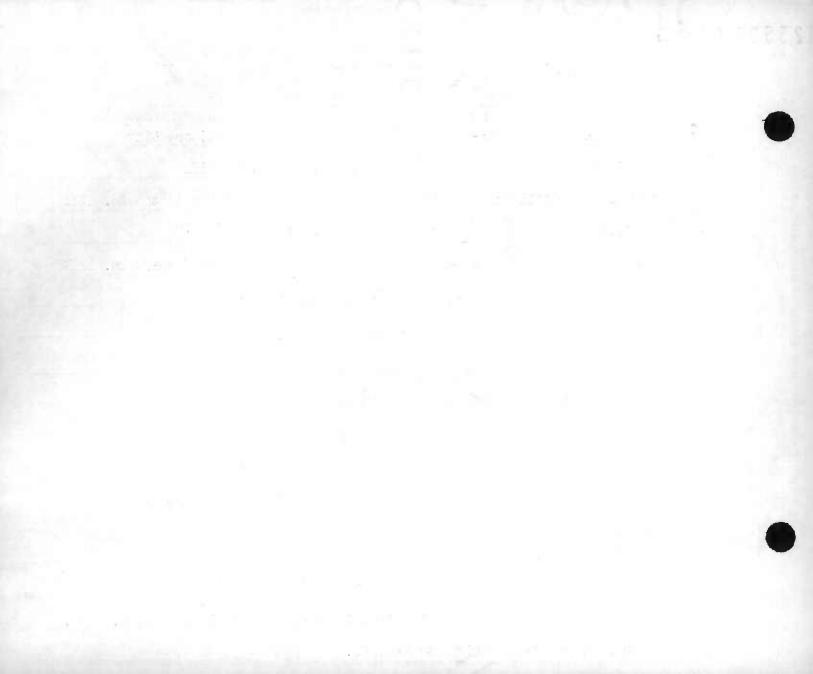
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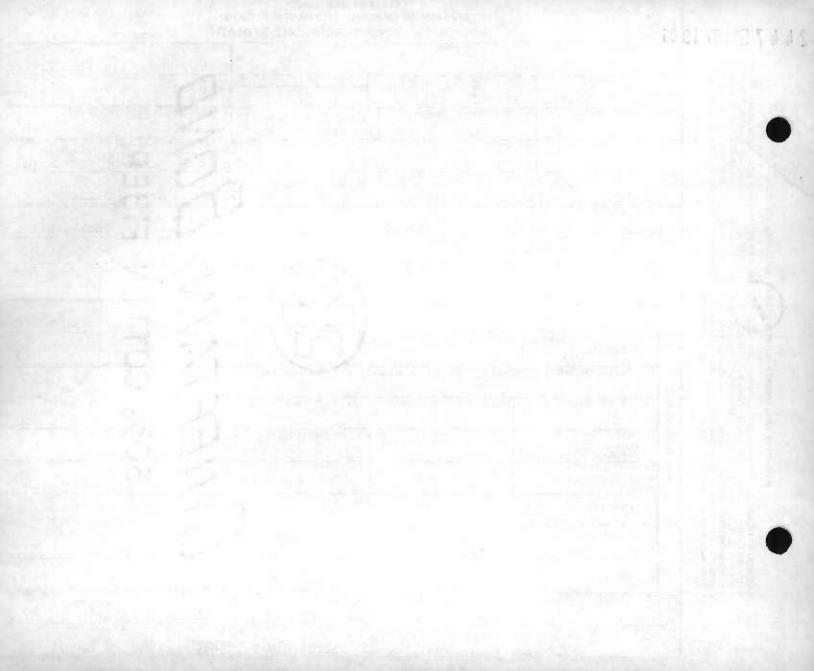
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and over oges or	16a. V	VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES		ADDRES	
e be exection and ers. Poge		YES NO OR UNKNOWN) (IF YES, GIV	213-74-57	12 Helen Horan	404 Sacred	Heart Ln. 21136
w requires that the been signed by the mil. Then please respons to burial, crem	CERTIFICATION	gove rise to immediate couse (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (cancer, Cl	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	NINAL DISEASE OR COND	DITION GIVEN IN PART ITO
he lo on. has t per ene p	TIFIC				YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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ark ark			San Daniel and American State of the State o			28/ 1956 , that (1) (we) lo
to R ATTENDING the hospital ar ar to DRECTOR, After trached for use as e Dept. of Health if Hem 21 is mark		27a. I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE	ot) view the body after death	DEGREE ATTENDING	MEDICAL STAF	te and hour and from the causes stated 22c. DATE SIGNED
OSPITAL OR ed by the houneRAL DIRE do be detached the State Dep NRTANT: if her		sow the deceased alive on above, (1) (we) (did) (did no	of) view the body after denti-	DEGREE ATTENDING	MEDICAL STAF	te and hour and from the causes stated 22c. DATE SIGNED
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HISTORY II OR-CO-III TREETING Castlerd W. Ruel. Jim. Bull Mindrey Heryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN [2] L DECEASED NAME 2b. HOUR LTYPE OR PRINTS OF ESTI-LECESSARY, PLEASE UNFERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS DEATH MATED Peter Polaski 7 719 86 4 RACE A. AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE OF BIRTH DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED DEAD White 12 12 32 53 YRS Male 119 BIRTHPLACE ISTATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Chemical Operator Francis Scott Kev Medical Center FMC Corp. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ISE COUNTY 3a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 972 Elton Ave. 21224 Maryland Dundalk NO TX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Polaski Ida V. Szalkowski Peter James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS HE YES, GIVE WAR OR DATES) 551-40-8606 Mary Polaski 972 Elton Ave. 21224 Yes Korea Army 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? E 3 SHOULD BE USED DEPARTMENT OF HE 01 PRIOR TO BURIAL YES T NO | 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21a EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Driver in truck/fixed object impact 1:31 P.M. 11 11 1986 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) STATE DI I-895 (Harbor Tunnel Thruway) Balto City, MD. street EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STANDAR BALTIMORE, MARYLAND, 2 Autapsy X 22a I certify that I taak charge af the remains described above, held an Inspection and in my apinian Accident X Hamicide ___ death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) 11/12/86 MASSistant SIGNATURE EXAMINER'S NAME William M. Zane, M.D. lll Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23g BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Baltimore Maryland 11-15-86 Sacred Heart of Mary 07/84 Duda-Ruck Funeral Home of Dundalk 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 NAME (VR A15 ME (5)) Dundalk, MD 21222 7922 Wise Ave.



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	OR P	Dep le	0		226. SIGNATURE	. 1 -	2	-		DEGREE	IDING _	MEDICAL STA	EE \	22c. DATE S	IGNED
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	DHMH -	16 60M	7/84		UNERAL DIRECTOR			ADDR	E55	229	25a. DATE	AAA BSEED 176	Ob. RECOLUM	NO. STOCKING	Mr. Caraman
	(VR	A 15, 4)		Hul	obard Fune	al H	ome, Ind	c., 410	7 Wilke	ns Ave.					

	1	FOR STATE REGISTRAR		DEI	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH		3	10	2 5
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orthun orthun 2 sh	14. F.	ATHER'S NAME	MIDDLE	1.45		15. MOTHER'S MAIDEN N	AME			
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R ATTENDIN haspital ar RECTOR: Af- ned for use a ppt. of Health	1	220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n	n			nd that in (my) (our) opinio	, to, to	19. ate and hour o		hot (I) (we) lost
OR A DIRECTOR A DIRECTOR OR A DIRECTOR DEPT.		22b. SIGNATURE		• •		DEGREE			22c. DATE S	
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TO HOSPITAL retained by 4t TO FUNERAL should be det with the Store IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE		7		1933 Bal	Time 87	LMA		Y
5 5 5 3 3	23o.	BURIAL, CREMATION, REMOVA			23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	UNTY	STATE
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DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR		ADDRI		I NIC	ATE REC'D. BY REGISTRAR			IRE .
(AKW 12 (4))	Ba.	iley Funeral Ho	ome 1348	N. ca.	Lhoun St	. 21217 NU	V 1 4 1900	Autra D	torgesin . !	C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

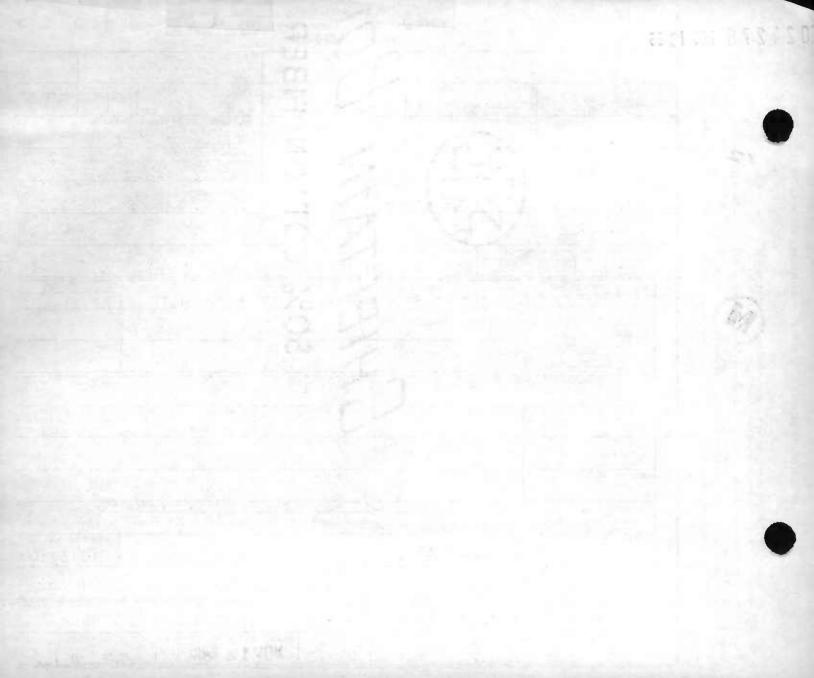
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The difference of the property of the propert		
Agnes M. Posluszny Nov. 12, 1 3. SEX RACE	TH DAY YEAR	2b HOUR
Female White Nov. 8 1918 68 76. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR CO Md. U.S.A. WIDOWED DMORCED 80. BILLIMORE CITY OR CO Baltimore HI. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 136. STATE 136. USUAL OCCUPATION 136. STATE 136. COUNTY 136. CITY OR TOWN Baltimore 430 N. Rose St. USUAL RESIDENCE FRUIDENS ON OR OTHER INSTITUTION 136. INSIDE CITY LIMITS? 430 N. Rose 15. MOTHER'S MANDEN NAME 156. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT	1986	12:22pm
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ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	_ //	13/86
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Dr. Jack Zimmerman Church Hospital Corp	p., 5th	Floor

^{24 FUNERAL OFFETTOMENHE Funeral Home, Inc.}
3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/84 (VRA 15, 4)

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23624 NOV	POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF DEATH CERTIFICATE OF DEATH REG. NO.
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FITA, CR. ATTEND thy the hoopbell of Stat, DIRECTOR defactive file use State Duct at hear State Duct at hear	22a 1 certify that (1) (this hospital) attended the deceased from 19 56, and that in (my) (our) opinian death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING APPLICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1786 22d. PHYSICIAN DIRECTOR PHYSICIAN 1786
TO HOSE retained TO Flavor thould be to the	Eleanor 1. Hi yon, MD 6NBroadway 236. BURIAL, CREMATION, REMOVAL 23b DATE 11/12/86 Glen Haven Mem. Park Glen Burnie A.A. Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	Hubbard Funeral Home, Inc., 4207 Wilkens Ave. Nov 101986

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			FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3	1629
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	e 4 mo cror. po s ofter:	3. SE	M		UNDER I YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
-		7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED . NEVER MARRIED . 9. BALTIMORE CITY OR COUNTY OF	DEATH
		17	rew portreola	WIDOWED DIVORCED DIRECTION CEL	MD.
103	134	10 °C	Bretime	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSTICH FACILITY, GIVE STREET LIDRESS) (TYPE OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
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	7 - ~ ~ ~ ~ ~	12	22a. I certify that (1) (this hospi	tol) ottended the discessed from	that (I) (we) lost
	OR ATTEN be hospitol DIRECTOR Sched for Dept. of H		obove (1) (we) (did Vdid no	t) view the body offer deoth. DEGREE	22c. DATE SIGNED
	ITAL Or the RAL DI detock itate De ITAL DI NT: If It		S AU 22d. PHYSICIAN'S NAME (TYPE C	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/18/36
	TO HOSPITAL retained by the TO FUNERAL should be determined with the State with the State.		S S	AMSEL 22 S Greene St Ba	et. 21201
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of place		AL RESIDENCE (IF NURSING HOME OR OTHER STATE 136 COUNTY	INSTITUTION GIVE RESIDENCE BEFOR	VN 13	d. INSIDE CITY LIMITS?	11/59/9F SADDIES	ZIP BOE	181	1
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	EAS DURS SEET	3. SEX		Presto 4. RACE	On 5. Date of Birth		A AGE IN YE		Ingle	ER 24 HRS.	DEATH MATED 2c. DATE	MONYH	14/ 1986 DAY YEAR	M HOUR
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	A STAN STAN TO	10. CI	TY OR TOWN	OF DEATH	II. NAME OF HOSE		SING HOME	WIDOV			Baltimore		7b. KIND OF BU	MD.
	A A SEE SEE				(IF NOT IN SUCH FAC	ILITY, GIVE ST	REET ADDRESS)	., OK OH	IEK IIVSTITOTION	FOR	MOST OF WORKING LIFE)	TIPE OF WORK	OR INDUST	RY
	N S S S	USUA	Baltimo	TE IN NURSING HOME	725 Geor	ge St	REFORE ADMISSI	ONI						
21201	H. IF ANY DELAY IS NECESSARY, PLEASE 1, 2, AND 3 TO THE FUNERAL DIRECTOR. 4. 3. RETAIN PAGE 5 FOR YOUR FILES. 5.2 SHOULD BE FILED. WITHIN 72 HOURS. 174L RECORDS. 201 W. PRESTON STREET,	13a. S	mod.	13b. COUN			ORTOWN	511)	13d. INSIDE CITY LIMITS YES NO	13. STR	EET ADDRESS	ce St	4, 21.	201
MD.	PM 3.	14. FA	THER'S NAME		MIDDLE		AST		15. MOTHER'S MA	IDEN NAME	WIDDLE		LAST	
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PRESTON ST., BALTIMORE, MD.	3235		18. CAUSE C	F DEATH (Enter on ATH WAS CAUSE	ly ane cause per line							110	APPROXIMAT BETWEEN ONSE	E INTERVAL
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ā	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CR	2	AT WORK	NOT WHILE] SIREET, FACTO	JRT, FARM, EI	C.)		SIREEI		CITY OR TOWN	COU	NTY	STATE
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	AND THE NAME OF TH		death result	ed fram: Natur	ral causes X,	Accident	, Su	icide	, Hamicide	· Undet	ermined manner].		
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	NER SPICE		EXAMINER'S	NAME										
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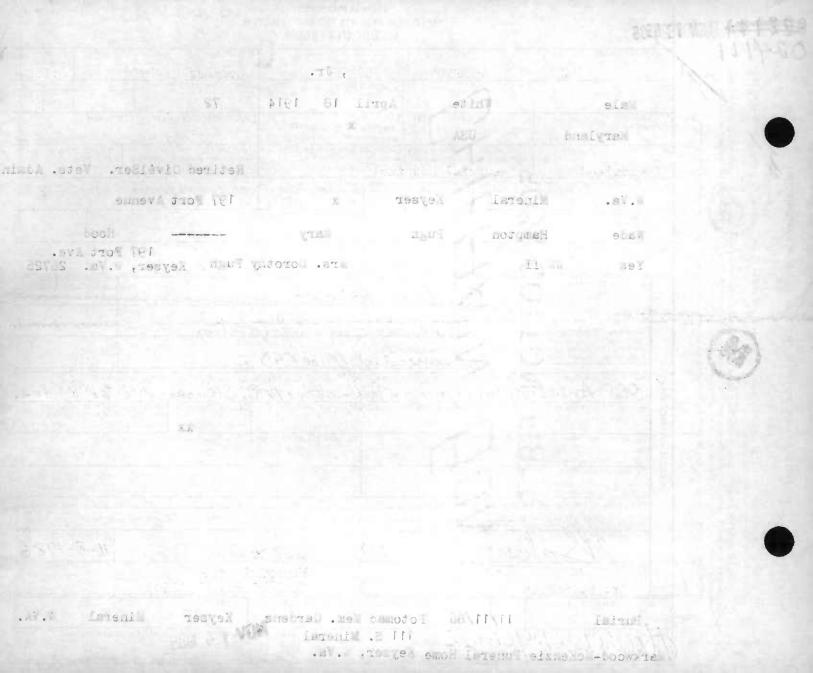
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merol d		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT		WIDOWE		BALTIMORE CITY OF		ITY	MD.
by the		ALTIMORE				ROTHER INSTITUTION HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Sales Mg	OF WORKING LIF	E) INDUSTRY	ssMachine
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AM & CO	0	Maurice	Pa	ritchet	tt .	Rosa	Cather	ine	Walde	ck
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T., BAL		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one cause per line for ED BY: TE CAUSE (a)	real, (b), and	(c).)	unet			BET WEEN	S MLS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death tent of the this certificate has been signed by the attending os the buriol-transit permit. Then please remove cathe th and Mental Hygiene prior to buriol, cremation, er the orked or them 18 shows any injury, or other troumotic ex		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A (b) DUE TO, OR AS A	Card CGNSEONEN	no ge	nie 8hoc ptal Mysc	1c	lufar	.twe	5 mes 18 mg
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074 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN XX WONTH (TYPE OR PRINT) OF ESTI-4. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR 3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN TO A HOURS 2. SHOULD BE FILED, WITHIN TO A HOURS ALIRECORDS, 201 WITE PRESTON STREET, DEATH MATED 19 86 James M. Pumphrev 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS 1:25 DATE LAST SIRTHDAY) PRONOUNCED 1945 DEAD Cauc 10 19 86 Male 41 a . M TO BIRTHPLACE (STATE OF Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY Va. DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore University Hospital Constr USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE N36 COUNTY 13d. INSIDE CITY LIMITS? Baltimore Md. Essex 608 Lanotan 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, 2 WITH FORM PM 3 II. PAGES 1 AND 2 DIVISION OF VITA FIRST LAS1 LAST Unknown Pumphrev Veda 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. IYES, NO. OR LINKHOWN (IF YES, GIVE WAR OR DATES) No 214-44-3414 Linda Pumphrey 7749 Wynnbrook 18: CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY (rifle) Gunshot Wound of Head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (head of EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHEFT TO FUNERAL BY A PAGE 3 SHOULD BE USED A PAGE 3 SHOW OF SHAPLAND, 21201 PRIOR TO BURNARY LAND. only 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR HOUR A.M. MONTH DAY MEDICAL subject shot himself 12:28AM 11-15 1986 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY SATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN NOT WHILE 608 Lanotan Rd., Apt. J. Essex, Balto. Co., Md. AT WORK Home (head only) Autopsy XX Inspection Spicide XX death resulted from: Natural causes Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 11-15-86 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. Gregory R. Kauffman, M.D. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Cremation 07/84 BP Greenmount Cem 255 RECISTRARIE BIOMATA 25M 24 FUNERAL DIRECTOR **DHMH - 17** B. Dabrowski & Son 2818 E. Baltimore St. (VR A15 ME (5))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ENDING IN PERFECTION OF A STATE O	7	Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
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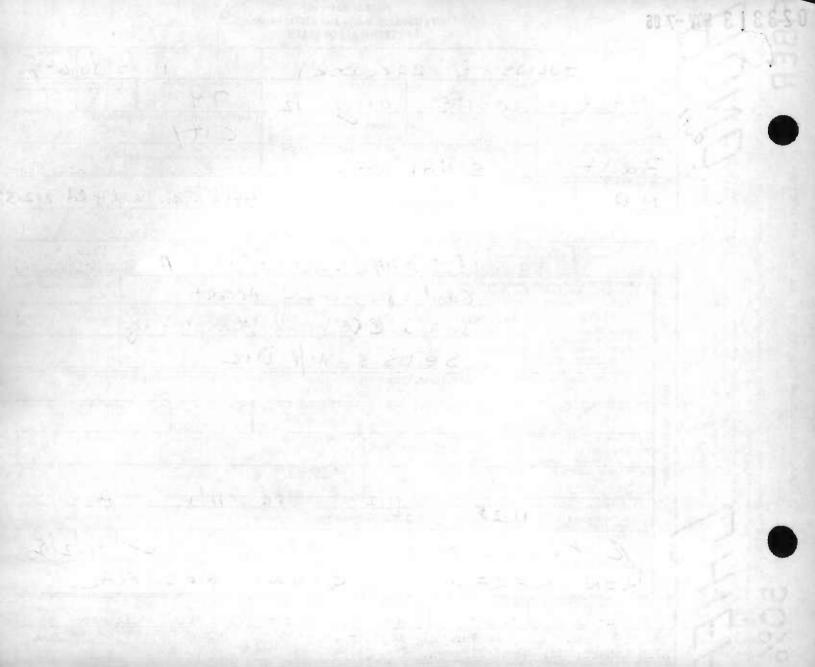
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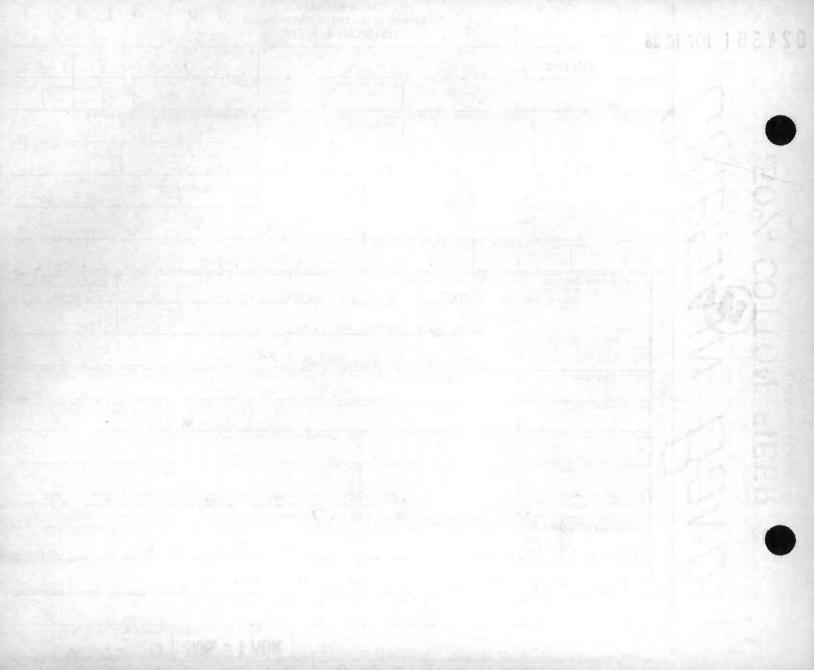
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s the s ond rked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CHIOKIOWA	STATE
eolth mo		22a. I certify that this haspital;) attended the deceased fram_	10/10, 19 86		19 CG , that (h-(we) last
of H 21 is		saw the deceased olive on above, (H (we) (did) (did, not) v	1/8 198	, and that in (my) (our) opinion	death accurred an the date and hou	ir and from the couses stated
hed ept.		22b. SIGNATURE	O A	DEGREE		22c. DATE SIGNED
te Do		SAIN.	HVANRI	MIL ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/8/86
old be d		22d. PHYSICIAN'S NAME (TYPE OR PE	RINT)	22e ADDRESS	Z Danceston C Tritolesia C C	1.11.10
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he low on. hos been to permit ene presence ows one	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WA	SPERFORMED		Ob. IF YES, WERE FINDING CAUSES YES	
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R ATTENDIN hospitol or RRECTOR: Al ned for use opt. of Heolt fem 21 is mo		220.1 certify that (1) (this hospit sow the deceased alive on abave, (1) (we) (did) (did no	11/23	02	t in (my) (our) opinion d	eoth occurred on the date	ond hour and from the	that (I) (we) last causes stated
the Director		226. SIGNATURE Continu		DEGR	9 ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	1 111	24/86 .
O HOSPITAL etoined by the TO FUNERAL should be det with the Store with the Store		J Boston	M O		address Count	y Den Ho	P	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23°. NAME OF CEMET Garrison Fore	ENT ON CHEIMMIONI	Owings Mil	ls county	MdTE
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director arch Funeral Home W	est 4300 Wabash A	venue		REC'D. BY REGISTRAR 25 V 28 1986	b. REGISTRAR'S SIGNA	URE

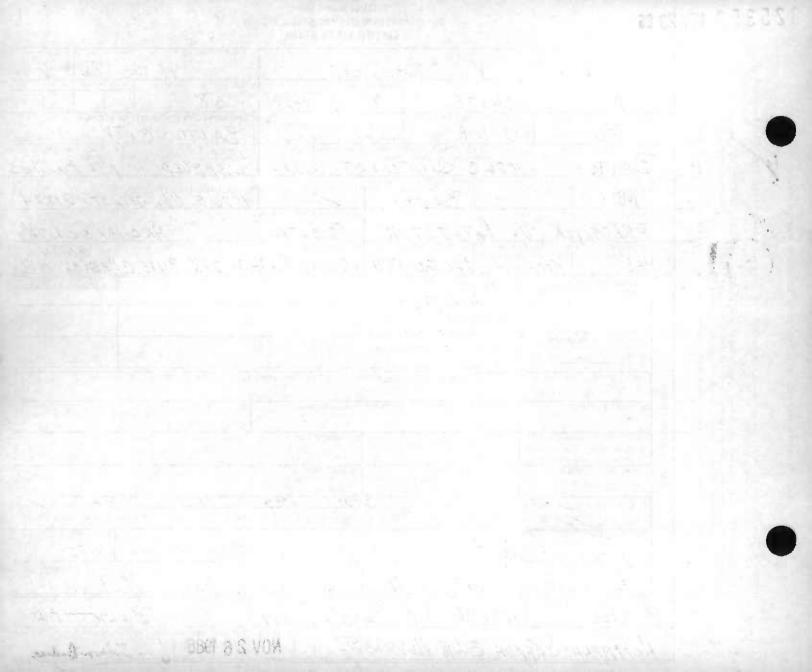


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the proch	± ±		MARO GO	Talla		~		ATTENDING PHYSICIAN [MEDICAL STAF		111	1-06
ERA e de Stot	Z		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	your	W		22e. ADDRESS	_ DIRECTOR PHYSICI	AN A	1/1-/	800
TO FUNE	MPORTANT		MARK A.	TAL	AM	1101		F.S. KEY	HOSPITAL			
5 5 5 4 3 3	<u> </u>	23a.	BURIAL, CREMATION, REM	OVAL 23b. D	ATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	- 1530	COUNTY	STATE
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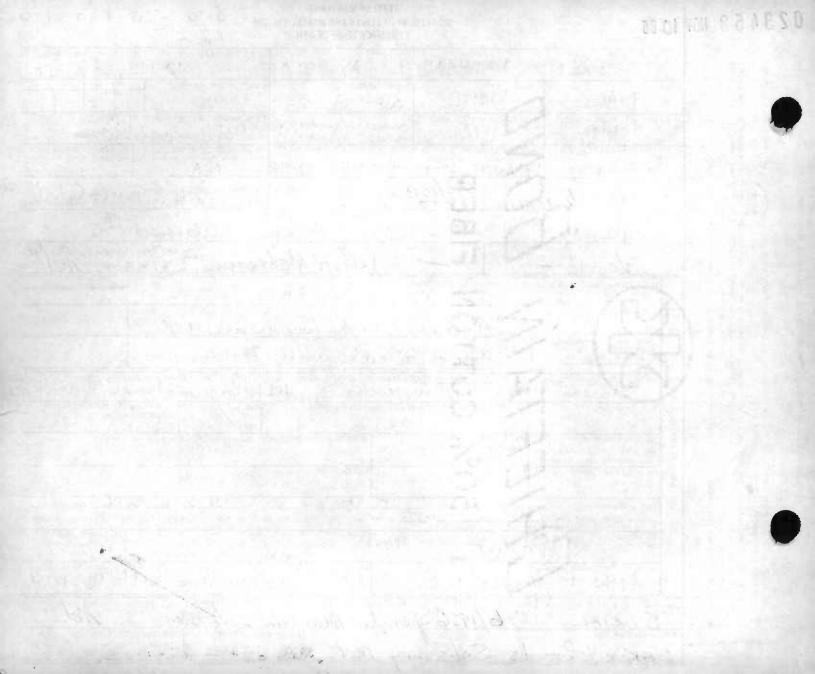


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and of the same		18 CAUSE OF DEATH (Enter PART). DEATH WAS CAU	only one couse pe		/) ~	0		1	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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The sp	NO.									
1 1167	CERTIFICAT	190. DATE OF OPERATION	196 CONE			N WAS PERFORMED		11	DE IF YES, WERE	FINDINGS USED AUSES OF DEATH?
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Z E B E E	18	210. ACCIDENT WAS UNDERLYING		OF INJURY	DAY VEAD	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORP	ART 2)
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No 4 of a		220-1 certify that (I) (this has	pital) attended	the deceased from	10	19_19	86	, to 11/2	19	that (I) (we) a
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		saw the deceased alive	on #	5 19	86.0	nd that in (my) (aur) a	opinion de	eath occurred on the date	and hour and fro	om the causes stated
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A SA SA SA A	1	224. PHYSICIAN'S NAME (19	E OR PI			22e. ADDRESS	LIAN [DIRECTOR PHYSICIAL	NUA I	1219.
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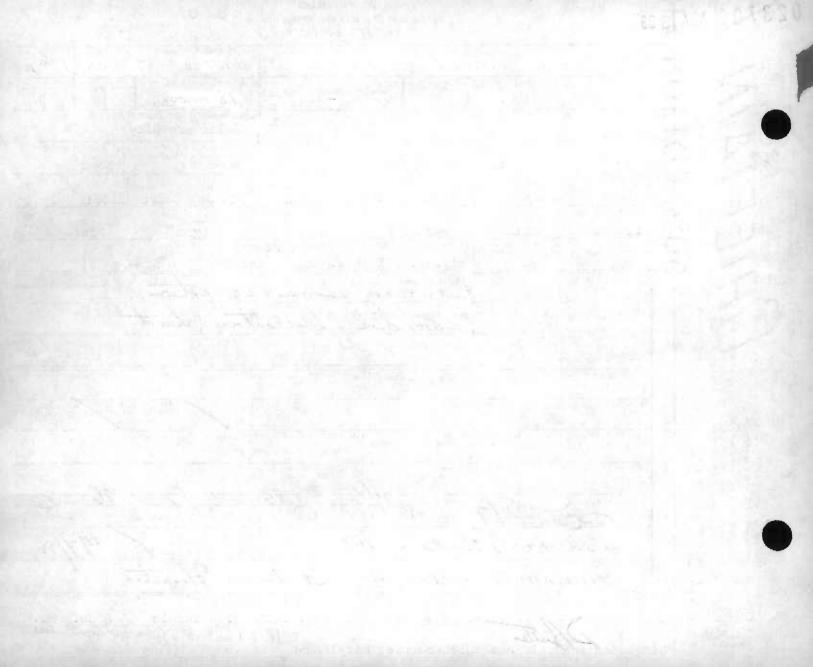
025353 NOV	29	STATE PEGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
ge 4 moy be ecter, page 3 is offer death		CEASED NAME PRIST	REG. NO. V. Rataiczak 20 Date Of Death Month Day Year 26 HOUR 1/23 86 5 4M 1/24 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 721 HRS MONTH - 15 - 1928 58 YRS YRS MONTHS DAYS HOURS MIN.
to after death. Pa	10 C	TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTO CITY MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY GYBSTREET ADDRESS) 126. USUAL OCCUPATION INDUSTRY (TWO INSUCH FACILITY GYBSTREET ADDRESS) 127. A 2/224 128. USUAL OCCUPATION INDUSTRY (TWO OF WORK FOR MOST OF WORK ING LIFE) MEA. MARRIED MARRIED BALTIMORE CITY OR COUNTY OF DEATH MD. 110. USUAL OCCUPATION INDUSTRY MEA. MARRIED BALTIMORE CITY OR COUNTY OF DEATH MD. 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TWO OF WORK FOR MOST OF WORK ING LIFE) MEA. MARRIED BALTIMORE CITY OR COUNTY OF DEATH MD. 1126. USUAL OCCUPATION INDUSTRY MEA. MARRIED BALTIMORE CITY OR COUNTY OF DEATH MD. 113. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TWO OF WORK FOR MOST OF WORK ING LIFE) MD. 114. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TWO OF WORK FOR MOST OF WORK ING LIFE) MD. 115. A BLEED BALTIMORE CITY OR COUNTY OF DEATH MD. 116. USUAL OCCUPATION IN THE PROPERTY OR COUNTY OF DEATH MD. 117. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TWO OF WORK FOR MOST OF WORK ING LIFE) MD. 118. WIND A BLEED BALTIMORE CITY OR COUNTY OF DEATH MD. 119. USUAL OCCUPATION IN THE PROPERTY OR COUNTY OF DEATH MD. 110. USUAL OCCUPATION IN THE PROPERTY OR COUNTY OF DEATH MD. 110. USUAL OCCUPATION IN THE PROPERTY OR COUNTY OF DEATH MD. 110. USUAL OCCUPATION IN THE PROPERTY OR COUNTY OF DEATH MD. 110. USUAL OCCUPATION IN THE PROPERTY OR COUNTY OR C
MARYLAND 217 red within 24 hour mpietely filled in and 2 shapids be extensionally be	14. F	THE S NAME FREDERICK	MADDE RATATCZAK BERTHA MIDDLE ARCHERSCZSKI
ALTIMORE The be exerted The property of the pr		IES KOR	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2/234 LEAN 20-20-8771 FDWAND RATA JCZAK 3415 CHESLEY AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED BY:
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TITAL OR ATTENDI by the hospital or ERAL DIRECTOR: A catached for use State Dept. of Heal		saw the deceased alive of	OF DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN / 11/25
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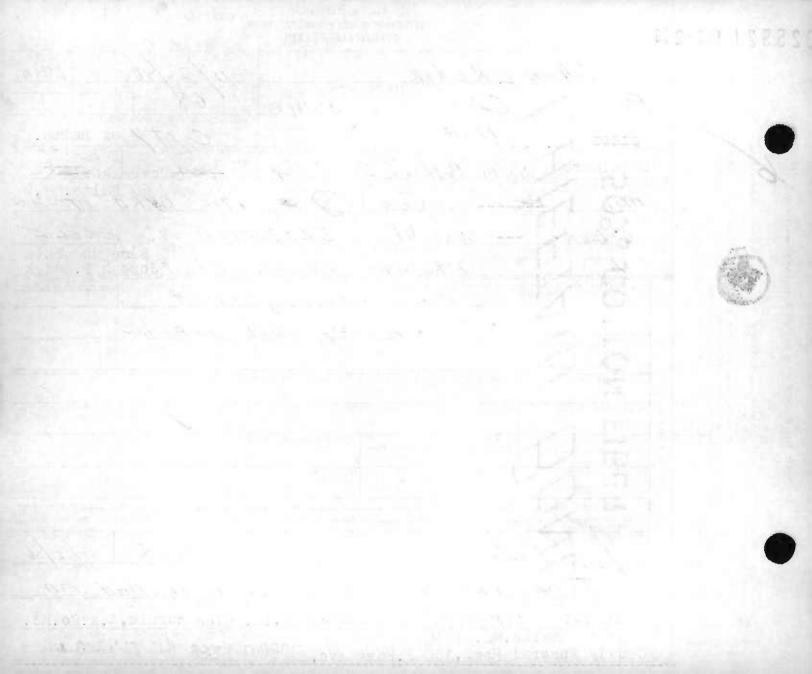
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4 may or. pag ofter de	3. SEX		1. RACE white	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ne orth. Page 72 hours e	Ba	to, md.	76. CITIZEN OF WHAT COUNTY	WIDOWE	NEVER MARRIED DO DIVORCED	Baltimore city or cou	NTY OF DEATH City MD.
21201 hours ofter to d in by the fu be filed with	В	altimore City	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ST. Agnes	STREET ADDRESS)	R OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Fireman	126 KIND OF BUSINESS OR INDUSTRY City
ND 24	Ma Ma	AL RESIDENCE (IF NURSING HOME OR LITE TO THE LOUND BAIT	VTY 13c. CITY OF	nsville	13d. INSIDE CITY LIMITS? YES NO (X) 15. MOTHER'S MAIDEN N	13e STREET ADDRESS / ZIP C 711 Maidencho	ice Lane 21229
MARYLA maker within ampletely and 2 sh			MIDDLE LA:	ST	Edith	WIDDLE	LAST
BALTIMORE, MA cate be executed sysician and comp apers. Pages I an wol.			MED FORCES? 16b. SOCIAI	SECURITY NO.	17 INFORMANT Mrs. Charlot	ADDRESS te Rawlinson 7	11 Maiden Choice
RDS, 201 W. PRESTON ST., equires that the death certific in signed by the aftending ph. Then please remave carbon print burial, cremation, or remaining, or entering injury, or ather traumatic ever	ION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	SEQUENCE OF SEQUENCE OF	NOT RELATED TO THE TER	RREST RUAMOUS CEL MINAL DISEASE OR CONDITION	I GIVEN IN PART 1101
JAN: The low re physician. Ifficate has been clifticate has been clifticate prior of Hygiene prior in 18 spews on yield.	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES NO STANDARD NO STANDARD (ENTER NATURE OF INJURY IN ITER	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
2 d e b E	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this hospi	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 DFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR. should be detached for or with the State Dept. of He MAPORTANT: if them 21 is	11/4/	saw the deceased alive an	on view the body after death. Manually OR PRINT)	_19	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSI retained TO FUN should b with the	23a. I	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
BP	Cr	emation	11/08/86	Balto	Wash. Cremat		P.G. Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	100	UNERAL DIRECTOR NAME Brose Funeral H		oress lphur Spi	DAG.	OV 1 O 1986 July	a Dioidion Pudas



3706 NOV	3 85 OR TATE REGISTRAR		DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 6	31041
	I. DECEASED NAME	FIRST	MIDDLE	LAST CONTRACTOR	REG. NO.	
noy be poge 3	(TYPE OR PRINT)	Teresa	Marie	Rector	November	7, 1986 / 16 A
ge 4 mo)	3. SEX Female	4 RAC	White	5 DATE OF BIRTH MONTH DAY YEAR May 7 1985	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
leoth. Po	BIRTHPLACE (STATE COUNTRY) Maryland	E OR FOREIGN 7b. CIT	IZEN OF WHAT COUNTR		9. BALTIMORE CITY OR	COUNTY OF DEATH
1	Baltimore	(IF	ot in such facility, give strett. Agnes Ho	spital	120 USUAL OCCUPATIO	
1 24 hou	Maryland	A A CO.	136. CITY OR TO		130 STREET ADDRESS 923 Jay Co	ourt 21061
d within	Richard	MIDDLE Danie	el Rect	or Leslie	MIDDLE	Park
we cute	160/WAS DECEASED E	VER IN U.S. ARMED FO	ORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT (MO	Lynn ther) ADDRESS	
0 24 #	No	NA	219.08	.5762 Mrs. Leslie	Rector	Same as #13
requires that the signed by the Then please re to burlol, creen injury, or other	PART 2 OTHER	SIGNIFICANT CONDI	UE TO, OR AS A CONSECTION OF THE TOTAL OF TH	DEATH BUT NOT RELATED TO THE TE	rminal disease or condi	TION GIVEN IN PART 1 0
The law cian.	19a DATE OF OP	-15845		CH OPERATION WAS PERFORMED	YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING COSES OF DEATH? YES NO NO
PHYSICIAN: The anding physicion this certifician this certificial the buriol-tronsit pid Mentol Hygien dor them 18 show	OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC	CAUSE OF DEATH MEDICAL EXAMINER) CURRED 21	b. TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY THOME, STREET, FACTORY, OFFIC	19 211 LOCATION	JRRED (ENTER NATURE OF HIJURY	
TTENDING ord or oth TOR: After for use os th for use os th 21 is morke	22a.1 certify tha	t (1) (his haspital) att	ended the deceased from	11/6 198	an death occurred on the date	and have and from the causes stated
SPITAL OR ATT a by the hospi NERAL DIRECT be denothed for e Stote Dept of TANT: If them 2	22b. SIGNA ORE	e (did) did nati view	Dicko	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE/SIGNED
TO HOSPITA retained by TO FUNERA should be de with the Stat	9	NAME (TYPE OR PRINT)		EN, MD 220 ADDRESS	ignes Hog	retal
BP DHMH - 16 50M 1/81	230. BURIAL, CREMATIC (SPECIFY) Entombment 24 FUNERAL DIRECTO	No		CL NAME OF CEMETERY OR CREMATOR Glen Haven Mem. Pa	rk Glen Burn:	ie A A Co. Md.

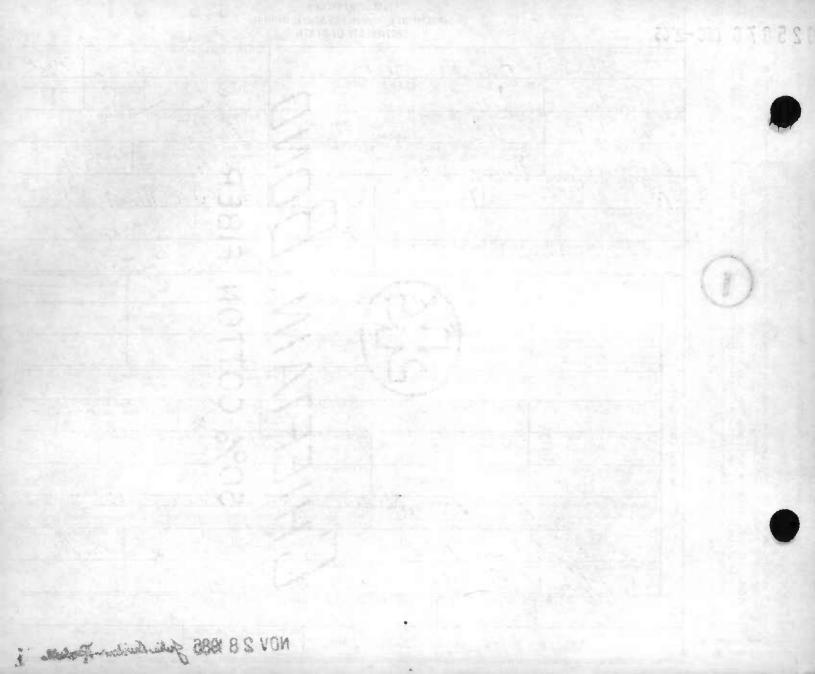


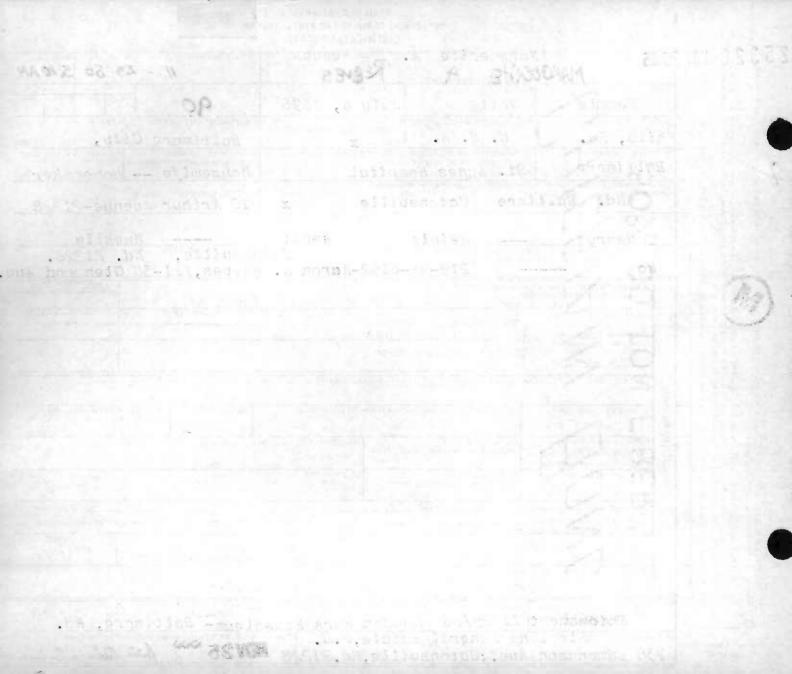
1	STATE OF MARYLAND 8 6	3 1 5 4 8
0 1 000 0	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
2 DEC -2	REGISTRAR CERTIFICATE OF DEATH	
	CEASED NAME FIRST MIDDLE LAST 28 DATE OF DEATH MOREIT	DAY HEAR TO HOUR
r deoth	ORPRINI) Cillian E Redyk 11/26/86	152 Au
1 p		FUNDER FEAR FUNDER SAMES
	MONTH DAY YEAR	MOSTHS DATE HOURS MAKE
		TV OF DEATH
26	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY)	
2	WIDOWED DIVORCED DIVORCED	of Balto. MD.
3/7	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
25	D-1+1m0200	emake 24
1	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	70 - 21 - 262
15	STATE 136 COUNTY 136. CITY OR TOWN 136 INSIDE SITY LIMITS? 136. STREET ADDRESS / ZIP CO	0 n - 2 12 30
9 1	ATHER'S NAME IS MOTHER'S MAIDEN NAME	() 37 200
Show.	FIRST / MIDDLE LAST 10 + FIRST. 1 3 A TO THE MIDDLE	LAST
38_/	Claude Wrigill ELICABULA E.	ENGLL
1		ame as above
1/	16 219.05.8909 Itospital Chart Jo	seph F.Redyk
#	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
200	IMMEDIATE CAUSE (0) Cardio pulmonary arrest	
9 9		
on, i	Conditions, if ony, which (b) Cacute My ocadial In Far the	
5	gove rise to immediate	
other tro	couse (a), stating the UNETO, OR AS A CONSEQUENCE OF underlying couse last.	A SERVICE STATE
0,0	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	THE PART I
juny	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
8 shows any injur	190, DATE OF OPERATION 1916. CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 2016. IF Y	ES, WERE FINDINGS USED
2 0 1	IN CERT	TIFYING CAUSES OF DEATH?
è		YES NO
	218. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH TOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Head	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
d or Hen	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
ked	WHILE NOT WHILE AT WORK	
	220.1 certify that (I) (this hospital) attended the deceased from 19 to	, 19, that (1) (we) last
21 is	sow the deceosed olive on 19 , and that in (my) (our) opinion death accurred on the date and he obove, (1) yes) (did) (did now view the body after death.	our and from the causes stated
E	22b. SIC (MI) (did not view the body offer death. DEGREE	77c DATE SIGNED /
=	ATTENDING _ MEDICAL _ STAFF 💉	1. he let
ž-	PHYSICIAN DIRECTOR PHYSICIAN AT PHYSICIAN 220 ADDRESS	11/26/00
RTA		2 // *
MPORTANT	1 JOHN / RETTER 3001 5 Horas 51.1	Jalt MD
_	BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
_	Burial 11/29/1986 Glen Haven Mem.Pk. Glen Burni	e, A.A.Co.Md.
4044 7/04	UNERAL DIRECTOR Balto. Md. 21230 250 DATE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
60M 7/84	ACCULTY Funeral Home 130 E Fort Ave DECO 1 1086 Julia	Swidson Randale



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	1				OF MARYLAND	8 6	3	10	4 9
7 6 DEC -	519	FOR			EALTH AND MENTAL HY ICATE OF DEATH	GIENE			
1 0 DEC		REGISTRAR		CLKIII	CATE OF DEATH	REG. N		¥5.0 0.	
m.e	1. DE	OR PRINT)	1 R /	100	AS1 /	20. DATE OF DEATH	MONTH DAY		HOUR P
000		Mongel		ir(oT Deed			1 11	86	7.00 M
0.2	3. SE	61	4 RACE	5. DATE C	DAY WEAD	6 AGE (IN YEARS LAST BIR	MONTH		UNDER 24 HRS
71.0		Irmale	DIC	11	11 87	1 Ote	TRE		
90		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
100	1	Maryland	4.5	WIDOWE	_	Na(tir	rore (1/4/	MD.
21 301	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		R OTHER INSTITUTION	120 USUAL OCCUPATI		b. KIND OF BU	ISINESS OR
13 TO	X	Selt more	Francis	S. KELYADOKESS)		10/7	P WORKING LIFE)	N/	7
5 8 8	USU.	AL RESIDENCE (IF NURSING HOME	FOR OTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION)	LIGHT CITY ALWAYS	tu croser appears	TID CODE	7	11212
3 35	1	nd.	JONIT 1323	YORTOWN	YES NO	1902 W	Carlle al	otoll	Ale
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0.0	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	reed	
1			GIVE WAR OR DATES)			1902 N C	110 4	1	
at 2)	\vdash					1700 10, 0	olling ()	APPROXIMATE	INTERVAL
		PART I. DEATH WAS CAU	only one cause per line toy	(a), (b), and icity		+		APPROXIMATE BETWEEN ONSE	T AND DEATH
		IMMED	IATE CAUSE (a)	cas ful mà	nery urres	(
o, o	1		DUE TO, OR AS-A	ONSEQUENCE OF) 1 1				
010		Conditions, if any, which gave rise to immediate	(b) 1/4	reme Tr	malun.ly				
her		cause (a), stating the underlying cause lost.	DUE TO, OR AS A C	CONSEQUENCE OF					
0 10			(c)						
1 6	2	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART Ita	
0 5	FICATION	IA DATE OF OBERATION	LIAL CONDITIONS	OR WALLOW ORSE AT LO	ALLAVA C BEREORUSO	20a AUTOPSY?	201 IE VEC 14/E	DE CINIONIOS	
107	N.	190 DATE OF OPERATION	1198 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	ZUB AUTOPST	20b. IF YES, WEI	CAUSES OF	DEATH?
6 6 <u>/</u>	CERTI		The same of high		In How himsey occur	YES NO	YES		10 🗌
120		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4 14 446	ONTH DAY YEAR	THE HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART 1 C	OR PART 21	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI	NER) P.M.	19					
0 /	NED VED	21d. INJURY OCCURRED	21e. PLACE OF INJU (AT HOME, STREET, FACTO	IRY ORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn c	OUNIY	STATE
orke or	1	WHILE NOT WHILE AT WORK		. /				3-7	
E C	0	22a.1 certify that (1) (this ho	11-1	1 8/	V. 11 19 06	to Nou			(I) (we) last
FN .	1	saw the deceased alive abave, (I) (we) (diet) (did	an 100 V . il	19_06_, or	d that in (my) (our) opinion	n death accurred an the de	ate and hour and	Iram the caus	ses stoted
Ber		NE SIGNATURE	119		DEGREE			DE DATESIG	NISO
	10	Street	L / La ,	min	ATTENDING PHYSICIAN	MEDICAL STAT	IAND	11/11/	86
ORTAN DE	1	THE PHYSICIAN'S NAME (IVE	PE OR PRINTI	10	22e ADDRESS	1 1		11	
POR	1	Tudo loh	11/1/1	7.10	4041 Rasi	tern lie			
1 8	23a. I	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		SPECIFY) Removal	11-20-86			CITY OR TOWN	cou	YIMI	STATE
	24 FI	JNERAL DIRECTOR	11-20-00		25a DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
OM 7/84 , 4)	1	NAME Anat	omy Board	ADDRESS Balto	o., Md. N	OV 28 1986	Julia Tois	Jan. 20.	
								10 h	4





CITY OF TOWN (SPECIFY) Baltimore, Maryland Parkwood Cemetery 11-10-86 Entombment 24 FUNERAL DIRECTOR ADDITION BEIMIR 124. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 BALTO. Mb 2123 (VRA 15, 4)

STATE OF MARYLAND

YEAR

86

DAYS

IF LINDER 1 YEAR

2b. HOUR

12b. KIND OF BUSINESS OR

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COUNTY

22c. DATE SIGNED

IF UNDER 21 HRS

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883 NOV	1.	Film G621 item 3 FOR 11/21/96 rja STATE 12/21/96 rja	DEP	ARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH		3	0 5 3
000 1101		CEASED NAME FIRST	MIDDLE		AST	REG. NO. 2a DATE OF DEATH MONTH	DAY YEAR	26. HOUR
moy be page 3 ter death		0000	IRA V.	RE	icic.	11	986	7-201. V
moy page	3 SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ector urs of		male Male	White	MONT	19 ^{AY} 1913	13 · YE	MONTHS DAYS	HOURS MIN.
2 hou	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	RY? 8	D TO NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
e La Company	M	aryland	U.S.A.	WIDOW		Baltimore	City	ME
by the fi		altimore	11. NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY GIVES NOrth Chai		protherinstitution neral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOME ARE)	NG LIFE) 126. KIND (INDUSTRY at	of business or home
fulled mould be most be	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE ENTY 13c. CITY OR Balt	TOWN	136 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C 3806 Souther		1206
1	14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE		
TO IV		Raymond	W. Stinso	on	Catherin		Woerne	r
2 E 00 /		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRESS	2	1206
1		no	212-20	5-9361	Melvin L.	Reick, Sr. 380	6 Southe	rn Ave.
signed by the off-rid grant Then please minore cortain to burial, crimination or aga njury, or ather trauments	7 NO	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSI	EQUENCE OF STS.	with ARD			10
te hos beer ssit permit. giene prior shows any i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDS RTIFYING CAUSES YES	INGS USED S OF DEATH?
certificate mal-transit ental Hygi them 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	.18 PART I OR PART 2)	
olth and Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Dept. of Heoli		270.1 certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE	(1)91	9 86,01	DEGREE	to death occurred on the date and		that (I) (we) lost couses stated E SIGNED
vERAL DIRE be defoched s State Dept. TANT: If Item		224. PHYSICIAN'S NAME (TYPEO			ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN		9116
should be de with the Stat	22- 6		1-m-SHAH		Balt	more, mp	21218	,
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	11-12-1986	Holly	Hill	23d LOCATION CITY OR TOWN Baltimore,		Md .
H - 16 60M 7/B4 (VRA 15, 4)	74 FL	INERAL DIRECTOR NAME Leonard J. Ruc	k, Inc. 5305	ss Harford	1970	REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNA	

- v#10 - Jinglatin which of the regal latter for the site of the anlineary x your Southern Ave. Ingritud W. Dringer Cartesian M. Moorest 10515 -21:-21-1301 Selvin . Palan, 3r. 1806 Southern Ave.

-Mileson, Co. . - - Miles

Tacquerd a. such. Inc. 1985 Bardond Road

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		
IAIG		

023248 NOV -7 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST MIDDLE LAST 20 DATE OF DEATH 1. DECEASED NAME MONTH YEAR 2b. HOUR 10 (TYPE OR PRINT) age 3 CHARLES REIN E 3. SEX . RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS after a 1 SAP 13 30 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balti, Md. WIDOWED DIVORCED MD. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR the (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SACTO, MD CANEN VET Retired 0--USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 13b COUNTY 13c CHY OR TOWN CLTY 3915 Callaway AVC. Bedo Md ZIZIS 13d INSIDE CITY LIMITS? TO YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST LAST 구 Charles E. Reid Emma Hall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS medica 17 INFORMANT pup (YES, NO OR UNKNOWN) -15306530 Hazel Reid, Wife, 3915 Callaway Ave21215 event, the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: ava PRDIO VASCUAR MALLUETE IMMEDIATE CAUSE or other troumotic DUE TO, OR AS A CONSEQUENCE OF 5 MDC AdenoCARCINOMA cremation, DIRIZATA Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 0 been prior any 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? shows IN CERTIFYING CAUSES OF DEATH? per Hygiene NOF YES [NOF YES | 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntai Item MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ö CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE Health 86 220.1 certify that (1) (this hospital) attended the defeased from 2 DIRECTOR ond that in (my) (aur) apinian death occurred on the date and haur and from the causes stated saw the deceased alive on ţ, above, (1) (we) (did) (did not) view the body after death. 22h SIGNATURE DEGREE 22c. DATE SIGNED * MON ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT LIVE OF VENT 224 PHYSICIAN 22e ADDRESS the the O'KERTE 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) ITY OR TOWN STATE Burial 11/8/86 Garrison Forest Va Owings Mills, Md. BP BY CHISTRAN 256, REGISTRAN'S SIGNATURE 24 FUNERAL DIRECTOR 25a. DATE REC'D.

Law Funeral Home 4611 Park Heights Ave. 21215

DHMH - 16 60M 7/84 (VRA 15, 4)

24707 12151 45

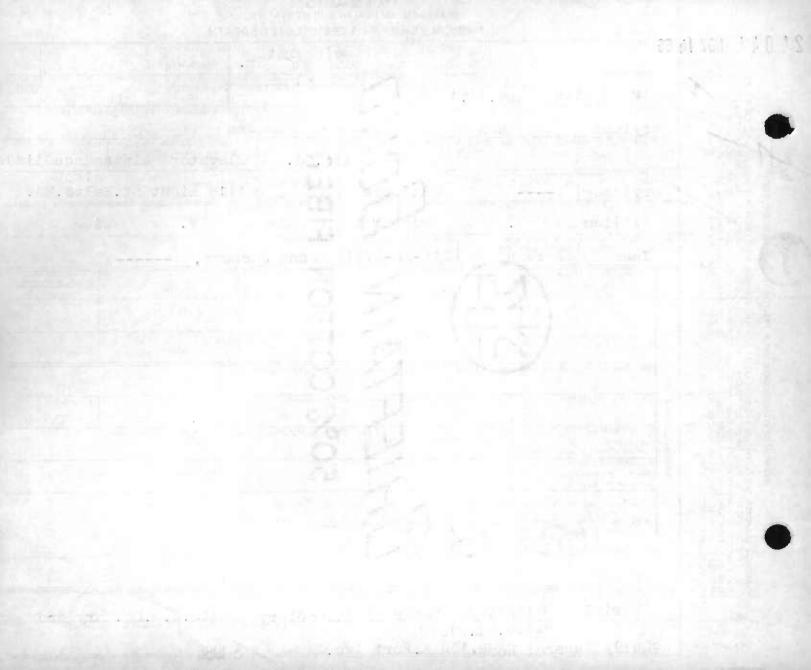
NOV 2 0 1988 from Michelmore Roudown.

26182 DEC		FOR OJATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1000				
. De	I. DI	CEASED NAME WILLIAM	H. RE	CID LAST	2a. DATE OF DEATH MONTH D	4 86 1324 AM				
ge a mon	3. SE	MALE	A RACE BLACK	5. DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.				
		maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY BALTIMORE CITY					
the the transfer t	B	BALTIMORE UNION MEMORIAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WINON MEMORIAL HOSPITAL JOAN RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								
in 24 hours in Salahan	13a.	STATE ISB COUN		N 13d. INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS / ZIP CODE 1612 NORMAL	AVE. 213				
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MALOR by the bo KALDRE detecher there Dept		226. SIGNATURE	L Davi	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/24/86				
O HOSPITA Promed thy TO FLINERA In the Story MPORTANT			KVIS, M.D.		RIAL HOSPITAL					
ВР		HARIAL, CREMATION, REMOVAL	11-24-86 C	ARRISAN OR CREMATORY	234 OCATION CITY OF TOWN	COUNTY				
DHMH - (16 60M 7/B4C (VRA 15, 4)	L	Sold Fare	Paltone So	DE DE	E REC'D. BY REGISTRAR 256 REGISTR. C 4 - 1986 Julia	Dividen Randale				

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		S NECESSARY, PLEASE FUNERAL DIRECTOR. ELS FOR YOUR FILES. ED WITHIN 72 HOURS I W PRESTON STREET,	V	3. SEX			5. DATE OF BIRTH MONTH DAY Apr. 14,	6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER 1 YR.	IF UNDER 24 I	HRS. 2c. DATE	E NCED	MONTH 1]	DAY	9 86 YEAR 19 86	3:12 D. M
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	> I 0 I 8 / /	Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF				11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 306 E. 26th St.				ER INSTITUTION 120. USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE) Laborer					OR INDUSTRY		
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	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE		EXAMINER'S	NAME VT	Char	les P./	Kokes,	M.D.		ADDRESS	111	Penn	St.,	Balte	o., N	4D 21:	201
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25M	DHMH - 17		NERAL DIREC			ADDRE	SS			2.5	So. DATE R	V 2 6	GISTRAR I	25b REGIS	STRAR'S S	IGNATURE	1
	(VR A15 ME (5))	Lav	v Fune	eral	Home	4611	Park	Heig	hts	Ave.	.10	4 4 0	1300		· Lui	don . Ran	dare

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ELIZABETH REIS NOVEMBER 26, 1986 8:30A

CARDIORESPIRATORY ARREST

MITTIPLE ORGAN FAILURE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	6 5 9
Ilse Helmke Richards CERTIFICATE OF DEATH	
1. DECEASED-NAME First Middle Lost 20. DATE DF DEATH	2b. HOUR
0 2 9 3 8 als MIN 20 0c	10 and
Female 4. RACE WHITE S. DATE DF BIRTH 3 19 1936 6. AGE (In years last birthdoy) YRS. A	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN, VA NA NA NA
70. BIRTHPLACE (State or foreign country) 70. CITIZEN DF WHAT CDUNTRY? B. MARRIED PINEVER MARRIED PORCED PROPERTY OF DEATH RALIMORE CIT	Y Md.
11. NAME DF HDSPITAL DR INSTITUTION (If not in haspital during most of working life, even if retired.)	12b. KIND DE BUSINESS OR INDIISTRY SOCIAL Security
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b. COUNTY 13b. COUNTY 2516 TALBOT 20 RAPITITIONE CITY 21216 YES ND 2516 TALBO	1216
14. FATHER'S NAME First Middle Lost IS. MDTHER'S MAIDEN NAME First Middle HUGO IS. HELTINE MAIDEN NAME First Middle Lost IS. MDTHER'S MAIDEN NAME FIRST MAIDEN NAME FIRST MAIDEN NAME FIRST MAIDEN NAME FIRST MIDDLE STORY MIDDLE STO	KOHL
16a. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (Hyes give war ar dates of service) 16b. SDCIAL SECURITY ND. 17. INFDRMANT (Yes, no, or unknown) (Hyes give war ar dates of service) 16b. SDCIAL SECURITY ND. 17. INFDRMANT (Yes, no, or unknown) (Hyes give war ar dates of service) 16b. SDCIAL SECURITY ND. 17. INFDRMANT (Yes, no, or unknown) (Hyes give war ar dates of service) 16b. SDCIAL SECURITY ND. 17. INFDRMANT (Yes, no, or unknown) (Hyes give war ar dates of service) 16b. SDCIAL SECURITY ND. 17. INFDRMANT (Yes, no, or unknown) (Hyes give war ar dates of service)	SIG TALBOT AD -LTIMORE CITY
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PART I. DEATH WAS CAUSE OF DUE TO DUE TO, DR AS A CONSEQUENCE OF	7
Conditions, if any, which gave rise to immediate cause (a), (b) CANCER OF BREAST	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, DR AS A CONSEQUENCE DF Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause (b) CANCER OF BREAST DUE TO, DR AS A CONSEQUENCE DF CONDITION Stating the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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21a. ACCIDENT WAS UNDERLYING 21b. TIME DF INJURY 21c. HDW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Iter Os Contributing CAUSE OF DEATH HOUR A.M. Month Day Year 19 P.M.	m 1B.)
(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED While Not while 1 Not while 1 at wark Not work Not work	Caunty State
TERMALE S. DATE DE BIRTH S. DATE DE COUNTING S. DATE DE BIRTH S. DATE DE BIRTH S. DATE DE BIRTH	<u> 8</u> と, that (I) (we) last ond haur and from the
22b. SIGNATURE H. Hargret Jassen Lians, M.D. DEGREE PHYS. DIRECTOR DIRECTO	TE SIGNED
H. Harget Jassen Littles, Degree PHYS. DEGREE PHYS. DIRECTOR DIREC	TIPORE MD.
	(County) (Stote)
24 FUNERAL DIRECTOR ADDRESS 250 PECH BY PECKSTORING 255 PECKST	CNATURE
VRAI5 (4) 25m-1/70 Walter Brooks Bradley Inc. Balto., Md. 21222	Service Residence



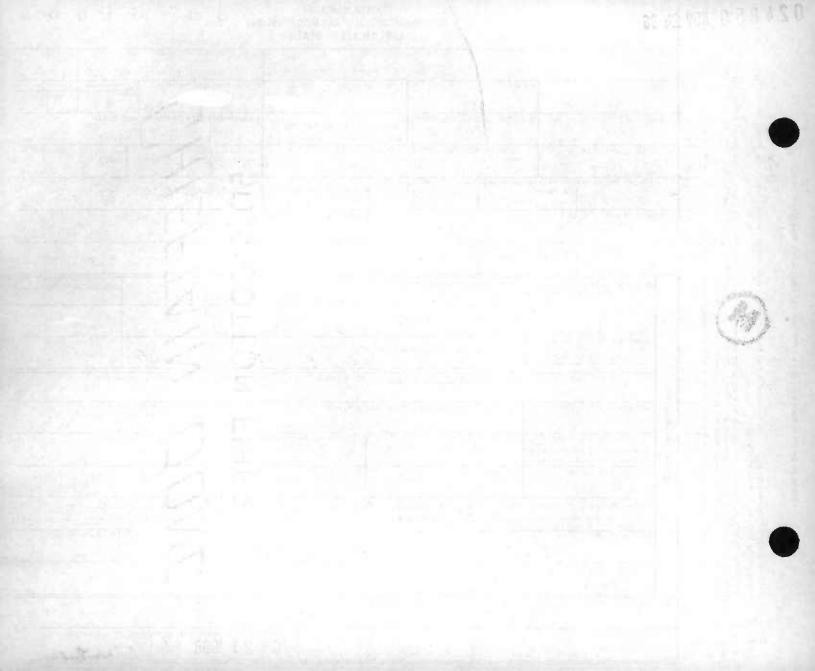
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DR ATTENDING PHYSICIAN: The law requires that the californ cate be executed within 24 hours after death. Page 4 may be haspital ar attending physician.	IRECTOR. After this certificate has been signed by the bit of the completely filled in by the funeral director, page 3 had for use as the burial-transit permit. Then please rein a coarse mopers. Pages I and 2 should be filed within 72 hours after death
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48	50	NOV	24	GR STATE REGISTRAR	DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	3	1 (6 0
				CEASED NAME FIRST	WIDDLE	l	AST	20 DATE OF DEATH	MONTH DAT	YEAR	26 HOUR
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may	0 0	0.10	3. SE		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
9 4	ector rs off			Female	Black	MANA	25 12	73	YRS. MO	NIHS DAYS	HOURS MIN.
Page	direct	000		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY		FDEATH	
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he low	has been to permit.	SWS	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED S OF DEATH?
CIAN:	is certificate burial-transit	80		2)0. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		Y YEAR	2) CHOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	I I OR PART 2}	
ATTENDING PHYSICIAN: The	ter this of the burning the bu	marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, FA		2H LOCATION STREET	CITY OR 10	OWN	COUNTY	STATE
TTENDIN	TOR: Af for use a of Health	21 is		220. I certify that (1) (this hospin saw the deceased alive an abave, (1) (we) (did) (did na	tal) ottended the deceased from	C./	id that in (my) (our) opinion o	to // edeath accurred an the d	18- 19 late and haur a	nd from the	that (1) (we) last
8 9	RAL DIREC detached tate Dept.	T. If Irem		226. SIGNATURE	Lalula		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
O HOSPITAL	S SEE OF CO.	PORTAN	700	22d. PHYSICIAN'S NAME TYPE O	-A/CUNLE		22e ADDRESS		B W		
р <u>в</u>		N	23a B	URIAL, CREMATION, REMOVAL SPECIFY Burial			emetery or crematory s Memorial I	23d LOCATION PL . "Balt	imore'	COUNTYCO	. STATEMD

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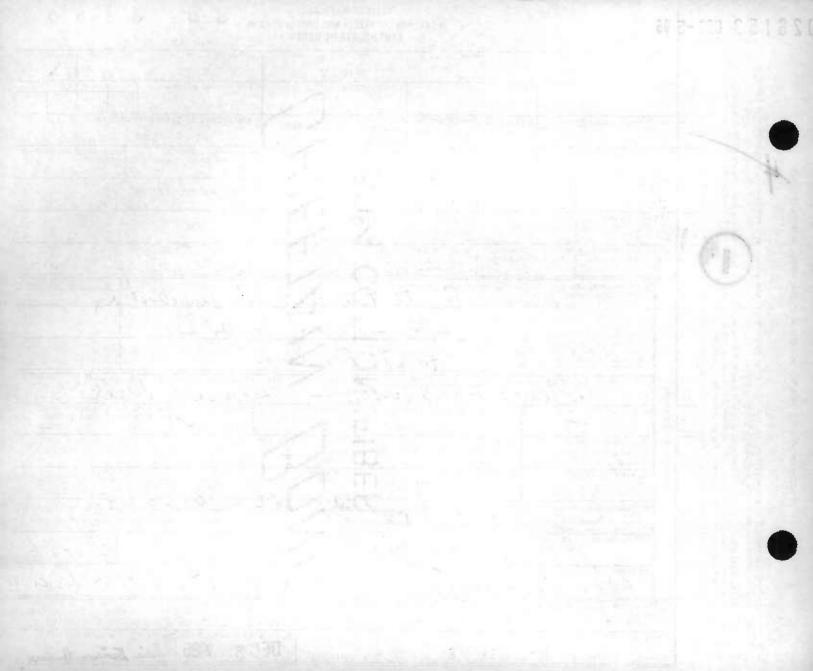
24. FUNERAL DIRECTOR
MARCH FUNERAL HOMES 1101 EAST NORTH AVENUE

NOV 2 1 1986 1 1: Dindon Parles



261	153 DEC)5	38	FOR STATE REGISTRAR		DEPA	RTMENT OF H	EALTH AND I	MENTAL HYG	REG. NO.	3 1 6	5 6 1
				CEASED NAME FIR	251	MIDDLE	ı	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
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	pod a	- 1	3. SEX			RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
	tror.			Male		Black	10	22 22	26	60 yrs.	MONTHS DAYS	HOURS MIN.
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1			10. CI	TY OR TOWN OF DEATH	11.	NAME OF HOSPITAL, NU	RSING HOME C	R OTHER INST	TITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
54	o d			BALTIMORE		Johns Hopkin	s Hospi	tal	36-11	N/A		
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YLA	the state of		14. F.A	THER'S NAME	MIDD			15. MOTHER'S	MAIDEN NA	ME		
MAR		3	3	Isaac	AIDE	Richards	on	Sa	allie	MIDDLE	Land	ner
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.	N: The low requires that the depth certificaty sicion. ysicion. icote has been signed by the attending por ronsit permit. The please earthan por hygiene prior to buyloil, certainten, at research the parent or or other permits.		CERTIFICATION	Conditions, if ony, wh gave rise to immedia cause (a), stating a underlying cause to	ich ote the ost.	DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c) DITIONS CONTRIBUTING A 196 CONDITION FOR WE	TOPERATIO	N WAS PERFO	RMED	IN CERT	VIVEN IN PARTI	INGS USED
OF.	A P T T D		4	OR CONTRIBUTING CAUSE		HOUR A.M. MONTH P.M.	DAY YEAR					
VISION	주는 수 하고	5	MEDIC	21d. INJURY OCCURRED		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		21f LOCATIO	DN	CITY OR TOWN	COUNTY	STATE
VIQ	Af Se o					ottended the deceased fr	om	May	. 19 8	L 10-30	1986	, that (I) (we) last
	R ATTEN hospital RECTOR hed for u	4		saw the deceased all above, (1) (we) (did M	live on	ew the bady after death.	19 6 6 01	d that in (finy)	(our) opinion	death occurred on the date and ho	our and from the	e causes stated
•	0 . 000			22b. SIGNATURE	ai	Juliano	1 44	DEGREE A	TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12- DATE	2-86
	TO HOSPITAL Cretained by the TO FUNERAL Shauld be detained with the State Cash	1		Aldo	Paz	- Gueva	a	1000	s da	ger Ct. Re	elb-	ded 21202
	T P F S S S	2	23o E	URIAL, CREMATION, REM	OVAL 2		23c. NAME OF C			23d LOCATION	COUNTY	STATE
	BP			*BUR IAL	15	12/4/86	Eastvie	w Memor	rial Pa	rk Baltimore,		Md.
	DHMH - 16 60M 7	/84		JNERAL DIRECTOR		ADDR	ESS		25a. DAT	E REC'D. BY REGISTRAR 256, REGIS		TURE
	(VRA 15, 4)		M.	arch Funeral	Home	es 1101 East	North	Avenue	UE	C 3 1986 Juli	a Dander	Rondoes

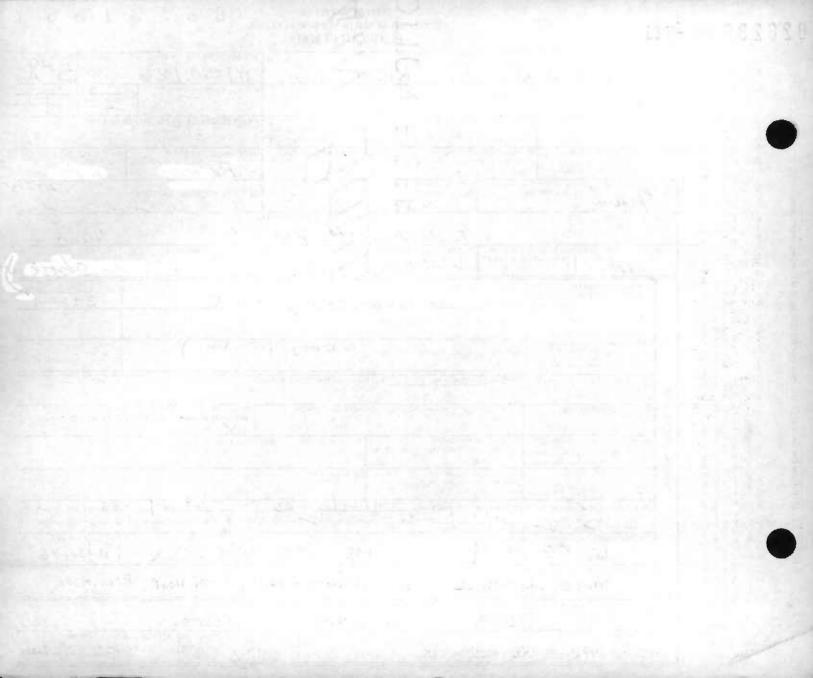
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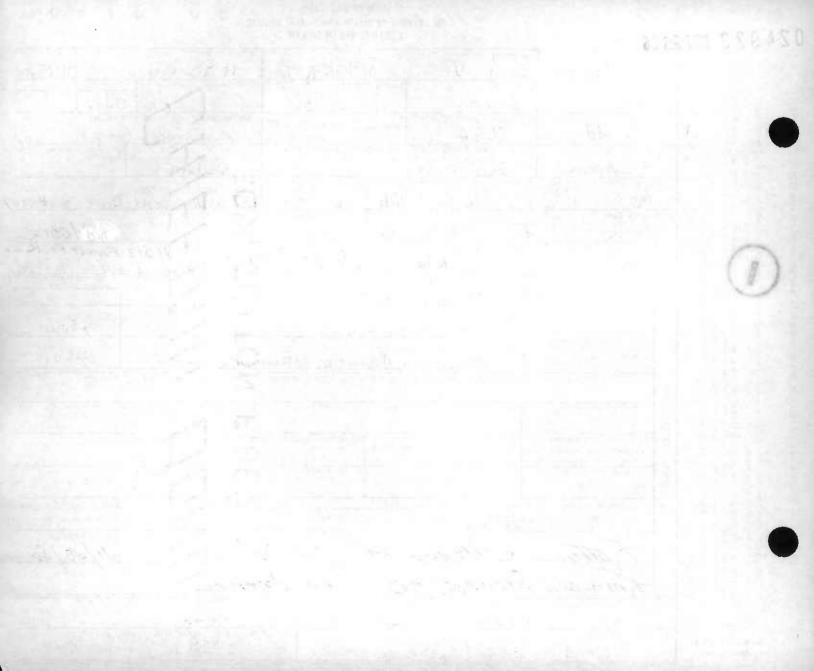


024879 NOV	24	FOR FATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 6 6	3 1 0	5 3
m C	I. DE	CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH		HOUR
by be oge 3 death		maGGIE		ARDSON	NOVEMBER		12:13pm.
one 4 ma	3. SE	Female		TE OF BIRTH TONTH DAY YEAR 1 - 98	6. AGE (IN YEARS LAST BIR)	YRS. MONTHS DAYS H	OURS MIN.
		IRTHPLACE (STATE OR FOREIGN COUNTRY)	74. S. A: WID	RRIED NEVER MARRIED DIVORCED DIME OR OTHER INSTITUTION	Balt 1	MONE COUNTY OF DEATH	MD.
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hin 24 ho shy filled is should b	130.	STATE 136. COUNT	Baitinor	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	2/23/
BALTIMORE, MARYLAND 2 cate be executed within 24 ha vysicion and campletely filled i opers. Pages Yand 2 should b vool. not, the medical examinet mast		Abraham MI	DDLE NIGHT BILL LAST, BILL ED FORCES? 116b. SOCIAL SECURITY	Clana	MIDDLE	SS Moslex	
be execution and c		YES, NO OR UNKNOWN) (IF YES, GIVE V	214-18-980	Robert Ri	chardson-	4605 Homan A	We
Tr, BALI		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ONARY ARREST		APPRÖXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
eston s ath cer carbo lint, or re		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	-ACUTE M.I.			
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he low roon. hos bee t permit. ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	280 AUTOPSY? YES NOK	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
N OF VITA SICIAN: The age physicic certificate right-ransit term 18 she them 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
VISION G PHYS or this cer this can the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AF WORK	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
TEND fol on OR: A Theol		220. I certify that (I) this hospital sow the deceased alive on above, (I) (we) (did (did not))	NOVEMBER 11119 86	VEMBER 9 19 86 _, and that in (my) (our) opinion	NOVEMB	ER 11 86 te and hour and from the cau	
PITAL OR ATT by the hosping the hosping of the hosp		22b. SIGNATURE	bal	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR		GNED
HOS bined buld to the the		M. B. NAPA	L, MX M.D.			AL CORPORAT: LTIMORE, MD	
of of Share		BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME WORLD	Tollick 34316		V 2 0 1986	25h REGISTRAR'S SIGNATUR Julia Dindon R	mdace.

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26236	DEC -	5	STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3		(TYP	WARRE	ON H.	KICHARSON	11/30/86	5°A
moy moy		3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
de 4			H	B	MONTH DAY YEAR 2/	65 YRS.	MONTHS DAYS HOURS MIN
Bod by	16	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
deoth.	5 4		COUNTRY) N.C	USA	WIDOWED DIVORCED	cify	٨
rs ofter o	Per 2	10 0	Bal Fungre	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS O INDUSTRY
hour fin be fi	e co	. USU 130.		DR OTHER INSTITUTION, GIVE RESIDENCE BUTTY 136. CITY OR		13e.STREET ADDRESS / ZIP COL	,2/2
24 filler ould	TO S		Pary/and	. 130	Teman YES NO [36/2 Oak	mout Ave
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y bed w	exon O		rikai	12/	ardson Hattie	MIDDLE	Nunn
ond composes	edicol		WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRESS	
n ond	The o		Yes	220 -	07-8500 Killie	Mae Richardson	3612 Oak
sicio.	the .		18. CAUSE OF DEATH (Enter o	only one cause per line for (a), (b	o, and ices		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
tificot physi- n pop	event,		PART I. DEATH WAS CAUS		stiopulmonary	amest	30 mlns
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deoth offend ove co tion, o	troumotic		Conditions, if ony, which	(EQUELICE OF		
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io Tee	i	1 1	19g. DATE OF OPERATION	19h CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
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physical physical trificote of tronsition to Hygin	8 9		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	THE TENTER NATURE OF INJURY IN ITEM TO	PART FOR PART 2)
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NG Total	orke		AT WORK AT WORK				
NS NS Heol	.s.			pitol) ottended the deceased fr	0/		, 19_6_, that (I) (we) to
R ATTENDIN hospital or RECTOR: Aff	n 21			of view the body ofter death.		deoth occurred on the date and ha	our and from the causes stated
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SPIT of by NER be d	TAT	1	22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS		D
TO HOSPITAL TO FUNERAL should be deto	MPORTANT		IAIN C.	GLEADHILL.	MD EMERGENCY DE	EPT, SINNI HOSP,	BALTIMORE
of of short	3	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP			(SPECIFY) Burial	12/5/86	Baltimore National	Baltimore	COUNTY STATE
	7.00	24. F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. REGIS	
DHMH - 16 60M (VRA 15, 4		M	arch Funeral West	4300 Wabash Avenu	ESS E	DEC. A 1986	in Mindown Randoe
(1111115), 4	1		a. a and a, nest			IED ZI IOOO	The state of the state of





DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) 1-5EX 4 RACE YEAR BALTIMORE CITY OR COUNTY OF DEATH THE BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED West Virginia WIDOWED DIVORCED HOSPITAL NURSING HOME OR OTHER INSTITUTION Retired 13d INSIDE CITY LIMITS? f3e.STREET ADDRESS / ZIP_CODE Cowlesburg reston 15. MOTHER'S MAIDEN NAME MIDDL MIDDLE *Imer* ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) Paul Riggs Rt. / Rowlesburg. W. Va. Dennis 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), or PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 20b. IF YES, WERE FINDINGS USED 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased fram saw the deceased alive an. 19 de , and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death, 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23b. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Charles S. Zeiler & Son Inc. 90% S. Conkling St.

23¢ NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

Rowlesburg, Prestor

YES [

COUNTY

2b. HOUR

THE KIND OF BUSINESS OR

Railroad

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

NO [

STATE

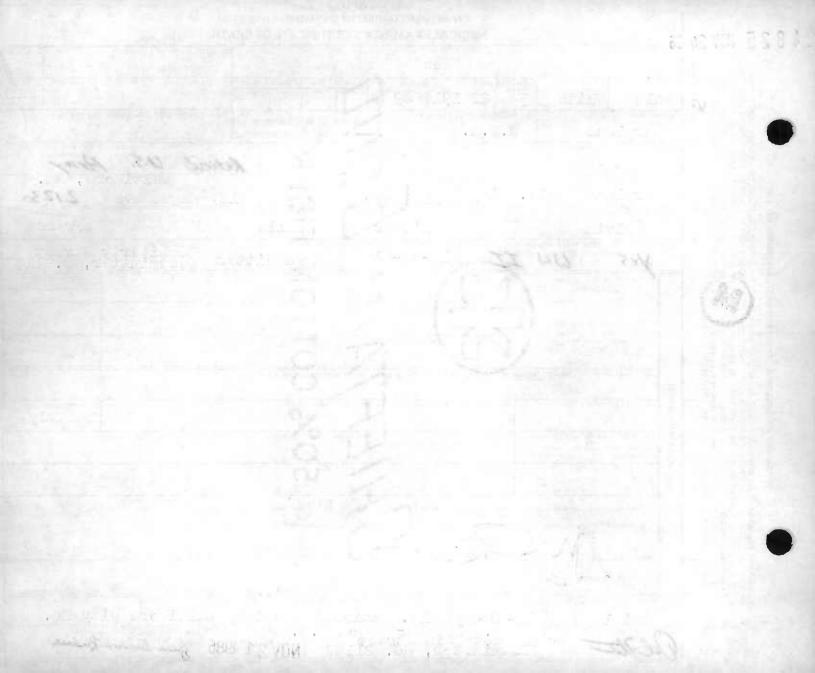
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25751 DEC -3	66- FOR STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	3 6 6 /
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 126 HOUR
may be poge 3	(TYPE OR PRINT) CLARENC	E C.	Ringgold	1	1-27-86 754 AM
ma)	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
4 000	M	B	(0 - 10 - 18		YRS .
1 / 2 (0)	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY	R COUNTY OF DEATH
1 1 1	USA	USA	WIDOWED DIVORCED		more (eity). MO.
St 21 /2/7	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	
- 3	BALTIMOTE USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE			
24 ho	130. STATE 136 CO	UNTY 134 CITY OR	TOWN 134 INSIDE CITY LIMI		ZIP CODE
Phin 2 should be	14 FATHER'S NAME	Dal	TIMORE YES NO [ELLE AVE 21207
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours within 24 hours broad ond 2 should be interest. Poges and 2 should be interest.	CLARENCE RI	NGGOLD		BLE BATTY	LAST
ore; xecul	160 WAS DECEASED EVER IN U.S.	CIVE WAR OR DATES	SECURITY NO. 17 INFORMANT	ADDRE	
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STON	Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF	aortic an	eurysm 12 hps.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death certifi- otheraling physicion. frer this certificate has been signed by the attending plant that the certificate has been signed by the attending plant that the burial-transit permit. Then please the burial-transit permit is the and Memal Bygene prior to burial, configuration and a shows any injury, or other transmitted.	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONS		401 11C 31	COT OT TETOPS:
s that s that s that rial, c		(c)			
sign sign hen to bu		CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 11a
been mit. T	190 DATE OF OPERATION 11 - 24 - 86 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
TALRE TALRE la cicion, te hos sit perri ggiene proprieta shows c	= 11-26-86	EMER	Gency	YES I NO	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
VITA N. TI Nysicie cote consul Hygin IB she	210. ACCIDENT WAS UNDERLYING	LI 110115 4 11 11011TI	DAY YEAR 21c HOW INJURY OF	CURRED (ENTER NATURE OF INJU	
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SION OF VI	(IF EITHER NOTIFY MEDICAL EXAMINATION OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
NG P offer the standard of the standard of the one of the one or the one or the one or the one of t	AT WORK NOT WHILE AT WORK		Trice, France, etc.)		
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RECTOR		nat) view the bady after death.		inion death occurred on the di	ate and haur and fram the causes stated
0 = 0 0 4	226. SIGNATURE	1 m S	DEGREE ATTENDI	NG MEDICAL STAI	PR. DATE SIGNED
SPITAL d by th NERAL be dette E Store	22d. PHYSICIAN & NAME THE	man you	PHYSICIA 22e ADDRESS	AN DIRECTOR PHYSIC	IANN 11-27-86.
TO HOSPITA Fetoined by Should be de with the Stat	Jerr	- Talon		LOSPITAL 1	Baltimono Md.
of of shape	730 BURIAL CREMATION PEMOV		23c NAME OF CEMETERY OR CREMATE	DRY 234 LOCATION	
BP	BURIAL	12/1/86	PLEASANT REST	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR			DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE
(VRA 15, 4)	LEROY O. DYET	T 4600 LIBER	TTY HEIGHTS AVE	DEC 1 1996	Julia Divideon Pandaca

DEPARTMENT OF HEALTH AND MENTAL HYGIE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO EASED NAME 2a. DATE KNOWN THEE CHERRY "Tex" ESTI-CARY, PLEASE FAL DIRECTOR. COUR FILES. THE VZ HOURS S. DATE OF BIRTH DEATH MATED OSCAR RITTER 86 19 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED 5:20 White Wala DEAD 17 1986 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED A DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore 4127 Hague Ave. Baltimore, 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21230 NO [Hague Ave 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nest Melvin Ritter Bowers 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 36 Liberty Street Westminster, Md. 211 216-07-4176 James Ritter CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Gunshot wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? Head Only 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR ? P.M. 11-17- 1986 Self-inflicted. CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK D NOT WHILE STREET, FACTORY, FARM FTC 1 STATE home 4127 Haque Ave., Balto. MD TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND. 22a I certify that I taak charge of the remains described above, held an Suicide X death resulted frama Natural causes Accident Hamicide Undetermined manner ACTUAL Deputy ChiefEDICAL EXAMINER 11-18-86 SIGNATURE Arm M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236, DATE 13r. NAME OF CEMETERY OR CREMATORY Balt. National Baltimore City Cemetery 07/84 25M mas Fletcher & 54 Faces Main Street Westminster, Md. 2 Son **DHMH - 17** dia Davidson-Rondock (VR A15 ME (5))

STATE OF MARYLAND



681 NOV	1	FOR - STATE REGISTRAR	DEF	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	HYGIENE 3 6	3 1	0 0 %
681 NOV	120	PE OR PRINT)	WIDDLE	LA	ST		ONTH DAY YEAR	26 HOUR P
nay be page 3 er death	1	CHARL	ES LEWIS	ROAN	E	NOVEMBER 6.	1986	8:11
m bo	3. S	EX	4. RACE	5. DATE O	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
ge 4		Male	Black	2	19 36	50	YRS.	TOOKS MIN.
2 hou	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED	☐ NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
nu A	7	Virginia	U.S.A.	WIDOWE	DIVORCED	BALTIMORE		ME
	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPATION		D OF BUSINESS OR
ر قر	1	BALTIMORE	THE JOHNS HO	PKINS HO	SPITAL	Unemploy		
	130	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COULT 13	NTY 136. CITY OF Balti		136 INSIDE CITY LIMIT		IP CODE ood Avenue	21202
2 2/	27	FATHER'S NAME FIRST	MIDDLE LAS	51	15 MOTHER'S MAIDER	NAME		LAST
30	4	Samue1	F. Roa		Mary	Rose		aughn
dic /	160	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRESS		
2)/		NO NO	224-4	6-4299	Samuel F.	Roane 1110 Hor		
Y E		IB CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	D RV.					ROXIMATE INTERVAL
eve eve			TE CAUSE (a) OPM	ea			1	minute
i i			DUE TO, OR AS A CON	SEQUENCE OF	Brain dea	th	2.0	4 hrs
frou		Conditions, if any, which gove rise to immediate	(b)		p a ca	171		
r other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF /	ntracran	ial bleed	4	8 hrs
Then ple to burn njury, o	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT I	NOT RELATED TO THE	TERMINAL DISEASE OR CONDI	TION GIVEN IN PART	Ìra
e prior	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	I WAS PERFORMED		206. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
sh eigh		21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21, HOW IN HIPY OF	YES NO.	YES	NO 🗆
18 m	7	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		11.11011111011101	CONNED (ENTER NATURE OF INJURY)	NIEM IS PART OF PART	2)
Men'	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211. LOCATION			
ond	AE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
marl marl		220.1 certify that (1) (this hasp	itel attended the deceased t	rom - 1/-	4 10	86 10 11-6	10 86	_, that (I) (we) last
or or of He 21 is			11-5	10	that in (my) (our) opi	inian death accurred an the date	and hour and from t	
ept.		22b. SIGNATURE	it) view the body after death.		EGREE			ATE SIGNED
te De		Frederich Wast	in Lessnerman		ATTENDIN PHYSICIA		1 Man	1-6-86
should be d		224 PHYSICIAN'S NAME ITYPE	artin Gessne	r mp	220 ADDRESS	Wolfest Ba	4	21205
5 4 3 2	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CE	METERY OR CREMATO	ORY 23d. LOCATION		
		BURIAL	11/11/86	Baltimo	re Cemeter	y Baltimore	eounty	Mď.
6 60M 7/B4		FUNERAL DIRECTOR		0.55		DATE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGN	VATURE
15, 4)		March Funeral Ho	omes 1101 Eâs	t North	Avenue	NOV 1 0 1986	1.000	

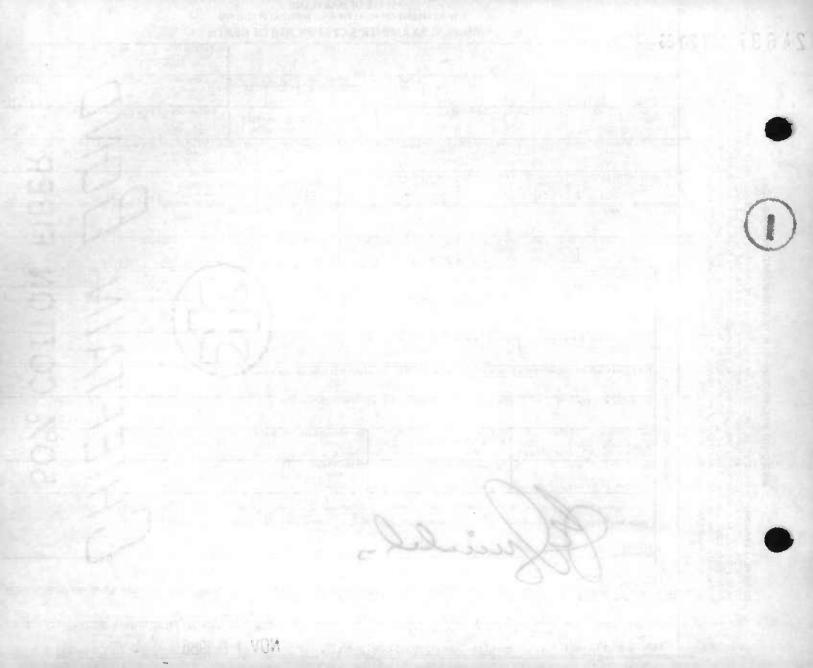
0200.	١.	FOR	DEDAD	MENT OF HEALTH AND MENTAL HAVE	B 6	3 6 / 0
026319 DE	1	STATE RECISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		
					REG. NO.	
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR 76. HOUR
of the second	1 (11)	TADE	11157	ROBAK	11	130/86 8:30 M
6 88	-				11	/ O / M
E P	3. SE	A	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
e 5 4	1	MALE	WHITE	MONTH DAY YEAR	68	MONTHS DATS HOURS MIN,
6 1	1	, , , , ,		9/16/18		YRS.
2 2 2	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
to L	1 /	DLAND	IL, S.A.	WIDOWED DIVORCED	DATIMA	RE CLITY
9八万美 信一	in c	IX OR TOWN OF DEATH	11 NAME OF HOSPITAL NUIDS	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	MD.
1 11 22		B1=1000	A IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF V	12b. KIND OF BUSINESS OR PORKING LIFE) INDUSTRY
5 ° ° ° °	1	DALI IMURE	V.A. HOP. LI	CHKAVEN	METIRE	7
212	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	11101110	014011
- / O - B	130.	STATE 13b. COUN	ITY LIZOCITY OR TO	NN 134 INSIDE CITY LIMITS?	13e STREET ADDRESSY 2	IP GODE
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五 金 金	14, F.	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
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BALTIMORE, cote be execut ysicion and ce ppers. Pages 1 vol. t, the medical	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
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. 400 8			E CAUSE (0) Card	opulmonary H	rest	
S 600 6 6	130	IMMEDIAI	E CAOSE (O)			
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death death of the control of the control out of the control output		Conditions, if ony, which	(16) Fer	n of unknow	n Origin	
PR he he r tr	1	gove rise to immediate couse (a), stating the	}			
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d t			(c)			
gne gne bur ry,		PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 11a
RDS, equire n sign Then to bu	0	Severe	Dementia			
on y prior	4 =	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FINDINGS USED
no. no be prime permit we on	i ii			- OT ENVIRON WAS TENT ON MED	100 70101511	N CERTIFYING CAUSES OF DEATH?
TAL R The I	E	The second second			YES NO	YES NO
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM 18 PART I OR PART 2)
Physical Physics		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR		
HYSICIA HYSICIA Inding p Ins certif buriol-I Mento or frem	1 o	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
PHYSICIAN FEMING Physician	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
VIS G P Offe er t one ked	1 8	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	CITTORIOW	STATE
DIVISION OF POINTS After 18 se as the and morked				111/2 06	111	3/3
O. O			tol) oftended the deceosed from	7/	, to	19, that (I) (we) lost
		sow the deceased alive on, above, (1) (we) (did) (did not		16, and that in (my) (our) opinion	death occurred on the date	and hour and from the couses stated
R ATT hospit hospit hed for ept. of tem 21		22b. SIGNATURE	Tiview the body offer deoffi.	DEGREE		22c. DATE SIGNED
0 0 0 0		Winet	1/2	ATTENDING	MEDICAL STAFF	III. DATE SIGNED
TAL OR RAL DIRE detoche tote Dep		VIVI	vane mo	PHYSICIAN [DIRECTOR PHYSICIA	MB 11130/86
A P Se P S P I	1	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	27e ADDRESS		
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DHMH - 16 60M 7/84	13	UNERAL DIRECTOR	- lanhouse	230 DAT	E REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
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STATE OF MARYLAND

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1 2	THE STATE	#4 F#	THER'S NAME		AIDDLE	144		15. MOTHER'S A				1467	
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2			18 CAUSE OF DEATH	(Enter only o	ne couse per line			race Cha	WILET LS-	MTTE-170		APPROXIMATE	
ST.	MA 18 NE, NE,		PART I DEATH WA	AS CAUSED BY	Y: 7			ic cardiov	vascular	disease	BE	TWEEN ONSET	AND DEATH
ON NO	N 24 HO N ITEM 1 ALONG IT PERM YGIENE	733		IMMEDIATE (1000	AS A CONSE		ic caratov	aboutar	· ·			
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20	UTED WITH IN PENCIL EXAMINER EXAL-TRANS D MENTAL FON, OR REA	-	lying cause lost.	onder	DUE TO, OR	AS A CONSE	GUENCE OF				100		
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OF VITAL RECORDS, 201 W. PRESTON	TIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR G THE WORD "PENDING" IN PENCIL IN 1TEM 18. TO THE CHIEF MEDICAL EXAMINER ALONG W HOULD BE USED AS A BURIAL- TRANSIT PERMIT. ARTIMENT OF HEALTH AND MENTAL HYGIENE. D HOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT	COMPITIONS COM	INIBUTING TO DEATH	BUI MUI KELAIEL	TO THE TERMINAL DI	SEASE OR CONDITION GIVEN	(IN PARI 1 (d).				
EC	MEDIO BE DE ANDIO MEDIO	CERTIFICATION	19a DATE OF OPERA	ION	Tisk CONDI	TION FOR WI	HICH OPERATION	N WAS PERFORMED?			las		
₹	SHOUL ORD "F CHIEF TOF H	Ş	THE DATE OF OTERA	11011	176. CONDI	IIOI4 FOR WI	TICH OFERATION	WAS PERFORMED:			20	AUTOPSY?	
2	WORD WORD WORD ENT OF	E	21a EXTERNAL CAUS	E VAZA S	216 TIME OF	TALBURY .	Lai					YES X	NO 🗌
9	A MEN		UNDERLYING CAUS			MONTH D	AY YEAR	HOW INJURY OCC	URRED (ENTER NA	TURE OF INJURY IN ITEM	18 PART 1 OR PART 2}		
DIVISION	SHOUNT PART	MEDICAL	CONTRIBUTING				19						
N V	111 a u u u u	9	21d. INJURY OCCURR WHILE DOTA	WHILE		OF INJURY		LOCATION		CITY OR TOWN	COUNTY		STATE
۵	RE THIS CANTILL WRITH CANTILL WRITH CANTILL WRITH CANTILL CANT		WHILE NOT N	ORK	1								
	VER: THI CATE, W FORWA OR: PAG 'HE STA'		22a certify	// /	the regulars des	cribed above	, held onAu	topsy X Insp	ection .	Inquiry .	and in my opinion		
			deoth resulted from	Xafundi	IX VIII	Accident [] Alide	Hamicide [Undeter	mined monner].		
-	EXAMI CERTIFIC JLD BE DIREC WITH WARYL		V	T	/ 0	0	//	TITLE (SPECIF	Y)				
	ITHE CER SHOULD ERAL DIR EATH, WI ORE, MAR	1 9	SIGNATURE T	TV	nu	we	~ ~	M.D. Chief	MEDIC	AL EXAMINER	DATE SIGNED	11-9-8	6
	SEA SEA	1			\			M D				Title	
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00	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, M	23 a. B	JRIAL, CREMATION, RE	MOVAL 23b	DATE	23c. NA	ME OF CEMETER	Y OR CREMATORY	23d. LÓC	ATION	COUNTY		
(167/84	480 49		Burial ~	No No	ov. 13,1	986 F	ort Line	coln Cemet			arvland	STA	116
25M	DHMH - 17	24. FI	NAME DIRECTOR	John		went 1	16	25a. D	ATE REC'D. BY R	EGISTRAR 23b. RE	GISTRAR'S SIGNA	TURE	
	(VR A15 ME (5))	St	ewart Fune:	ral Hor				N.E.	NOV 1 8	1986 4	dia Dividuo	20	
		-		V			g rioda,	*****			CALCAL CAR	No Francis	2.5.2



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENICATE OF DEA		IENE BLG. NO	3	100	9	A	
		CEASED NAME FIRST	entra e	MIDDLE	- L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	-	
		BAB	Y	GIRL	R	OBINSON	J	NOVEMBER	18,	1986	7:10 A		
	3. SEX		4. RACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
	I	FEMALE	BLACK		11	07	86		YRS	0 11	THOUSE PRINC		
'n	7a. BIR	RTHPLACE STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MAR	RIED X	9. BALTIMORE CITY O	R COUNT	Y OF DEATH			
	_	MARYLAND	US		WIDOWE	D DIVOR	CED 🗌	BALTIMOR			MD.		
	10. CIT	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITU	TION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O			F BUSINESS OR		
		LTIMORE		OHNS HOL		HOSPIT	CAL				Charles III		
44	13a. S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY)		GIVE RESIDENCE BEFORE 134 CITY OR TOW BALTIMO	N	13d. INSIDE CITY YES X NO	LIMITS?	13e STREET ADDRESS A			21217		
	4 FA	THER'S NAME		LAST		15. MOTHER'S MA				140			
4		GLENN	MIDDLE	MALONE	- 20	MAR		MIDDLE		ROB	INSON		
1.0		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE D.A		ORE MD	21217		
2		NO		MARIA ROBINSON 1117 NBALTIMOR							STREET		
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ly ane cause pe D BY: E CAUSE (o)	Cardio	ouln	wary	arr	est		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R AS A CONSEQUE	NCE OF	0	,				1.		
		Canditians, if any, which	(1b)_	pulma	ma	y msi	Mu	celley		11	days		
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DUE TO, OR AS A CONSEQUENCE OF									
u		PART 2. OTHER SIGNIFICANT ((c) (c)	nyacis	()	NOT RELATED TO	inc	ALGERT OF COM	DITIONICI	DATE OF THE PARTY OF		:	
Ŕ	Z	AO DO LO	ONDITIONS C	a A A A C	OUT CA CON GENTHIALD REASE OR CONDITION						Clear		
	ATIC	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS PERFORMED			200 AUTOPSY2 206. IF YES, WERE FINDING					
	CERTIFICATION							YES NO	Y	IFYING CAUSES	OF DEATH?		
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	M. MONTH DA	21c. HOW INJURY OCCUR			RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2)			
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	_	.M. OF INJURY	19	211. LOCATION							
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	.wn	COUNTY	STATE		
		22a. I certify that (I) (this hospi	tol) attended ti		11-			0 , to 11-			that (I) (we) lost		
		sow the deceased alive on above, (I) (we) (did) (did no	t) view the had	ofter death	86,01	nd that in (my) (au	r) apinian d	death accurred an the d	ate and ha	our and fram the	couses stated		
		226. SIGNATURE	0	1		DEGREE				22c. DATE		•	
		Delisa	Cour	to, m	D	PHY	SICIAN [MEDICAL STA		11-	18-86		
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRESS	11	h. i a 11.	10	D == 1/4			
		COUN	173			John	0401	okens 40	30%	Buch	21205)	
		SURIAL, CREMATION, REMOVAL				EMETERY OR CRE		23d. LOCATION CITY OR TOWN		COUNTY	STATE	Ĭ,	
		CREMATION	11/18	/86 JC	DHNS H	OPKINS H		AL BALTIMOR		ARYLAND	21205		
	24. FU	JNERAL DIRECTOR					2 DAJ	E RECO BY ROSETRAR	256 REGIS	STRARSSIGNAT	URE		

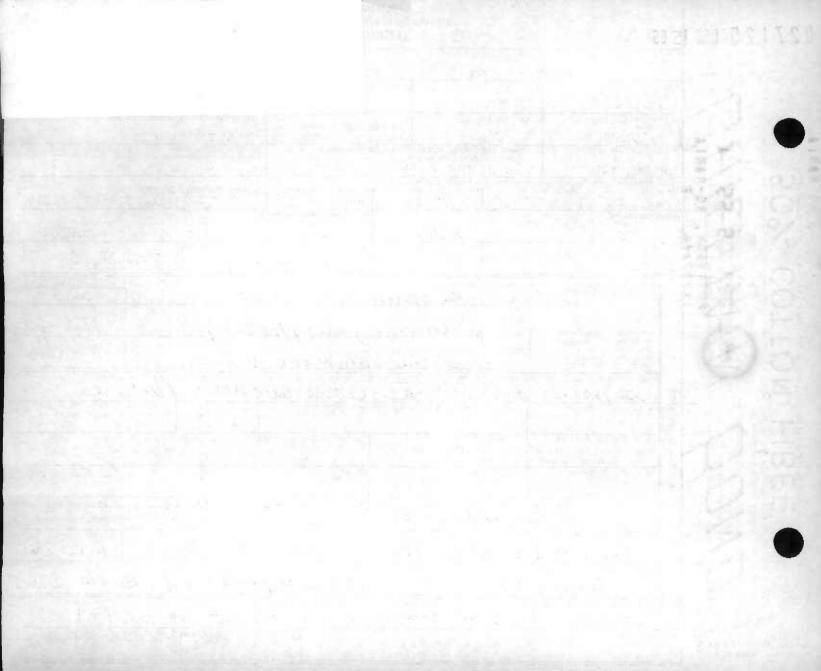
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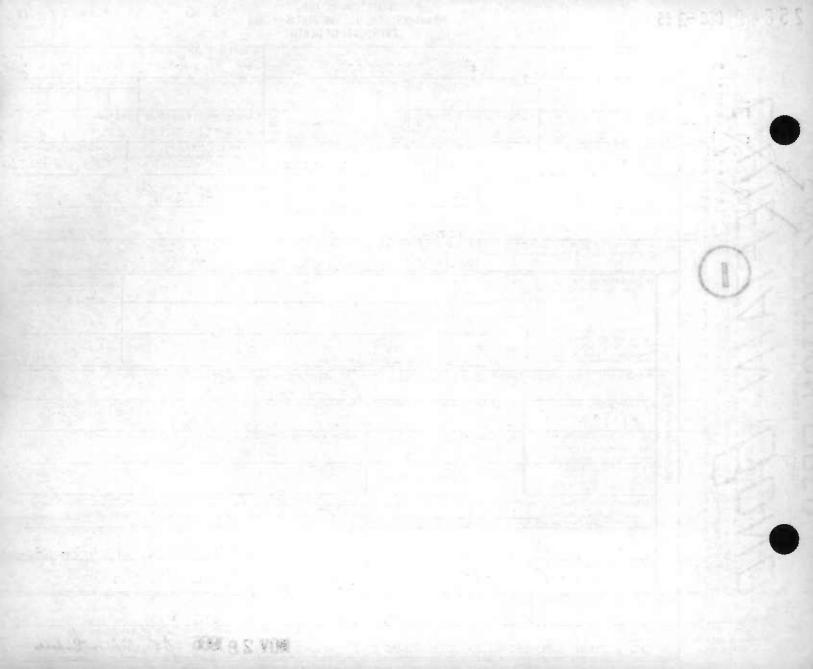
NAME

ADDRESS

T TIBRA



25619 DEC-2	88	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE 8 6	3 1 6 7 9
and:		CEASED NAME FIRST	WIDDLE	U	AST		DAY YEAR 26 HOUR A
a de de	(177	DONA	ALD RAY	ROBI	NSON	NOVEMBER 26,	1986 12:37
may boge	3. SE	Х	4 RACE	5. DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTH'S DAY'S HOURS MIN.
4 - 6 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	100	male	black	3	10 1956	30 yrs.	MONTES DATS HOURS MIN.
Sold Sold		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8.	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
Winds		Md	USA	WIDOWE	D DIVORCED	BALTIMORE	CITY MD.
5	10 C	BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S THE JOHNS			L Shipping Rec Clerk	126. KIND OF BUSINESS OR INDUSTRY COKESbury Bookstor
10125		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BUNTY 13c. CITY OR Baltimor	TOWN	136 INSIDE CITY LIMITS	32 136 STREET ADDRESS / ZIP CODE 2036 McCullough	Street 21217
	14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN	NAME	
		Bernard	Robinso	n.Sr	Bertha	WIDDLE	Bracey
RE CONTRACTOR	16a. 1	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIALS	SECURITY NO.	17 INFORMANT	ADDRESS	or doc,
BALTIMORE cote be exect		No	GIVE WAR OR DATES) 220–64–		Bernard Robi	nson 1311 Madison Ave	
V ST., BAL		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS			marat		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V ST		IMMEDIA	ATE CAOSE (d)		mest		5 min.
ath call		Conditions if you set in	DUE TO, OR AS A CONSI				14 hours
the off removemention		Canditions, if any, which gave rise to immediate cause (a), stating the	107				1 / 100112
w. at the set the service of the street of t		underlying cause last.	DUE TO, OR AS A CONSI	a sheven	Mosis		2 months
DS, 201 guires th signed t hen plea to burial, ijury, or o	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			ERMINAL DISEASE OR CONDITION GIV	/EN IN PART I(a
ECOR aw re been mit. T prior any it	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED
hos in per	1 1	10/1/86	Biopsy of	brain 1	nder		FYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	
ON OF HYSICIA nding pl nis certifi burial-tr Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19	211 LOCATION		
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by by by State de de	1	220 PHYSICIAN'S NAME (TYPE	E OR PRINT)		PHYSICIAI 22e. ADDRESS	N DIRECTOR PHYSICIAN	11/26/06
TO HOSPITAL TO FUNERAL should be det with the State		Elaine	C. Hefty		600 N WOX	i St. Balto. MD:	21205
		BURIAL, CREMATION, REMOVA (SPECIFY)			METERY OR CREMATO	CITY OR TOWN	COUNTY
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010	V		ABAMA	USA	WIDOWE	DNORCED	BALTO		MI
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100	10	_ /-	ALTO	KEY CIRCL	LE HOS	PICE			
t Pe	2	USU/ 130. S	L RESIDENCE (IF NURSING HOME OF TATE 136, COU	ROTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	
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iner		14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM			
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medica		()	ES, NO OR UNKNOWN] (IF YES, G	VE WAR OR DATES) 216-	-82-6686	Key Circle	Hospice 121	4 Eutaw P	1. 21217
ent, the			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS				Λ		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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ws ony injury, ar ather	7	RTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	196. CONDITION FOR	NG TO DEATH BUT I	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA YES [FINDINGS USED AUSES OF DEATH? NO []
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	REGISTRAR				CERTIF	ICATE OF DEATH	. 8	REG. NO	o. 3	1	0	1 0
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7 8	§ J	oseph	ine	Re	obin	son '	Nov	ember	1,	1986		M
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	Female		Bla	ck	MONTH 7	19 YEAR 9		77	YRS.	MONTHS DA	YS HO	OURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7b.		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED				Y OF DEATH		
	S.C.			USA	WIDOWI		Ва	ltimo	re C	ıty		MD
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130. M D	AL RESIDENCE (IF NURS STATE	136 COUNTY		13c. CITY OR TOWN BALTO.	N	13d. INSIDE CITY LIMITS?	13e.STREET 2870	ADDRESS /			212	218
14. FA	ATHER'S NAME	MIDI	DIE	LAST		15. MOTHER'S MAIDEN NAM	ME	MIDDLE			LAST	
	ED"	1110	(CUNNINGH	MAI	DOSHIA		MIDDLE		BLA		
160 V	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRE		2121	18	
NO	TES, NO OR GIARNOWN)	1# 1E3, 014E W	AR OR DATES)	?		WILLIE W. C	CLAWS	0N 28	70 H	ARFOR	RĎ A	AVE.
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AL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NO TIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	YES TENTERN	ATURE OF INJUR		PART I OR PART		10 🗍
MEDICAL	21d INJURY OCCURE	ILE 🗀	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
	220 I certify that (I) sow the decease above, (I) (we) (a		0/0			nd that in (my) (our) opinion of	, 10	ed on the do	ote and hou	1	the cous	ALC: N
	22b. SIGNATURE	RTI	htz	5		DEGREE ATTENDING PHYSICIAN T220 ADDRESS	MEDICAL	STAF	F IAN 🗌	72c DA	1/4	186
	22d. PHYSICIAH'S NA		T	Smith		THE ADDRESS	ger S		Balt.	& mo	1	

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 11-6-86

23c. NAME OF CEMETERY OR CREMATORY

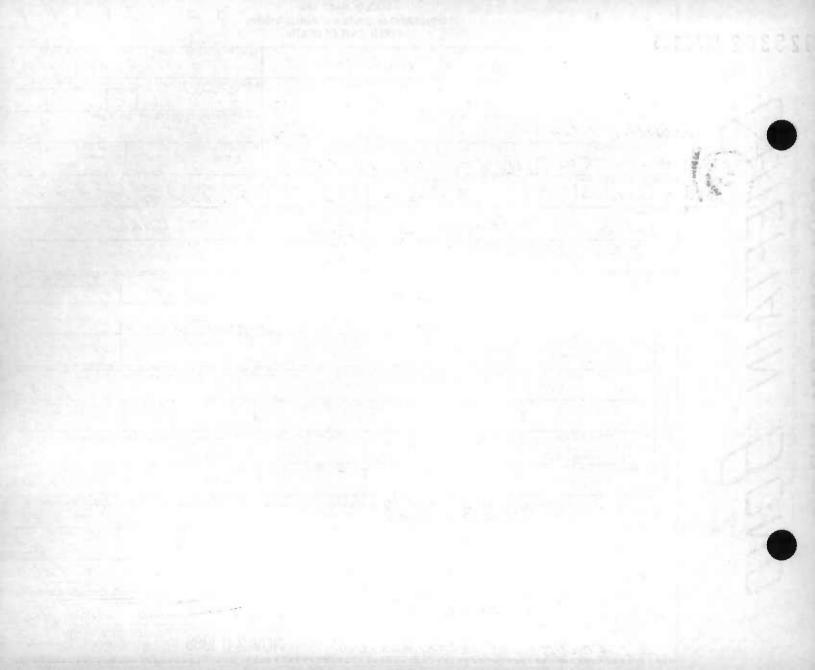
23d LOCATION
CITY OR TOWN
RY ANNE ARUNDEL HILL CEMETE

STATE MD

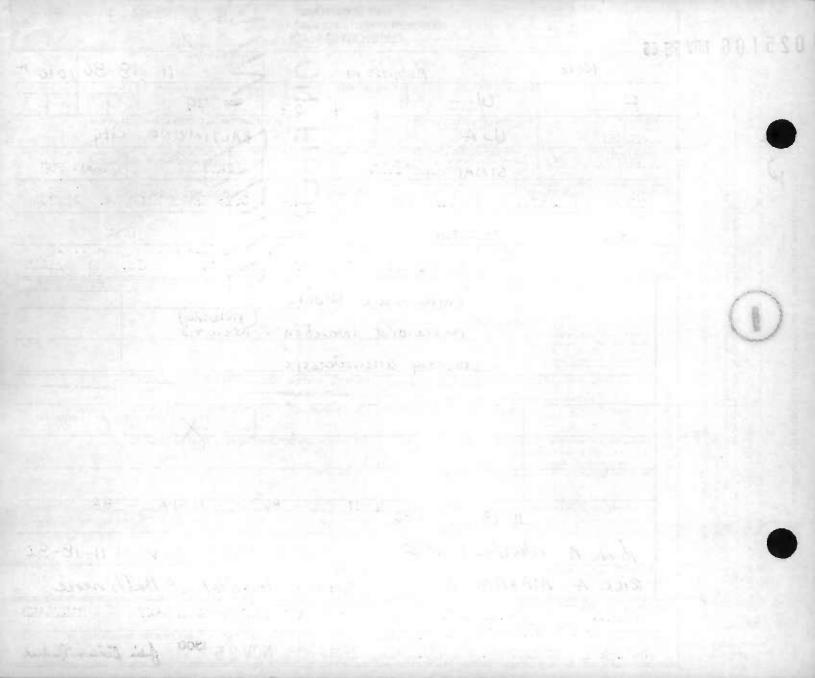
24 FUNERAL DIRECTOR
Wm . March F/H 1101 AGERESS North Ave.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

5 3 8 2 MAV 20	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF M MENT OF HEALTH CERTIFICATE	AND MENTAL HYGI	ENE 8 6	3 1 6	7 9
deoth 2 0 C		CEASED NAME FIRST (CORPRINT)	LVIN	ROBIN S	ON	20. DATE OF DEATH	MONTH DAY YEAR 11 23 86	26. HOUR 739 M
4 may	3. SE	MALE	1 RACE BLACK	5. DATE OF BIRTH	DAY YEAR 29	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS
1 27 70	14/	IRTHPLACE ISTATE OR FOREIGN COUNTRY AROUND	76. CITIZEN OF WHAT COUNTRY?	MARRIED N	DIVORCED D	9. BALTIMORE CITY O	COUNTY OF DEATH	MD
TOWN	B	ALTIMORE CITY	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET LIBERTY ME	ADDRESS)	CENTER	12a USUAL OCCUPATI {TYPE OF WORK FOR MOST O		F BUSINESS OR
1	130.	AL RESIDENCE LIF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 134 CITY OR TOW	/N 113d. IN	SIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE CT.	21217
1 12	14 F/	ATHER'S NAME FIRST	MIDDLE Robenson		OTHER'S MAIDEN NAM	MIDDLE	Simms	
Popul Popul		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES, G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES)		GORMANT GART	ADDRE	SS	
requires that the door in signed by the other. Then please remove or or to burnol, cremation. (rejury, or other frount	NOIL		DUE TO, OR AS A CONSEQUI	ENCE OF				
A permit	TIRCATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	PÉRFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH? NO
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The t	MEE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F		STREET	CITY OR TO	WN COUNTY	STATE
OR ATTENDI TO RECTOR, A District for use of Dept of Hino If Nero 21 is m		saw the deceased alive a	pitol) oftended the deceosed from 19 3 19 19 19 19 19 19 19 19 19 19 19 19 19	DE GREE	ATTENDING	MEDICAL STAI	ite and hour and from the	
O HOSPITAL TO HOSPITAL O FUNERAL Hould be dee		22d PHYSICIAN'S NAME (TYPE SHER AFZ)	ORPRINT) HASHMÎ		DDDECC	DIRECTOR PHYSIC		BALTI
BP	100	BURIAL, CREMATION, REMOVA DUNAL	1 236 DATE 11-28-86 8,	NAME OF CEMETER		7. OWENGE		Dar ylans
DHMH - 16 60M 7/84 (VRA 15 4)	24 F	UNERAL DIRECTOR	7721-27 N.	Monsae. S	Z, NO	V 2 6 1986	256. REGISTRAR'S SIGNAT	URE



025106 NOV	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 0	3	10	8 0
0 2 0 1 0 0 1101		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D		b. HOUR
ge 3 eath	()170	ORPRINT) (COSE		Re	bins	n		11 1	8 86 1	000
ge 4 may be ector, poge 3 rs after death	3. SE	FEMALE	4. RACE	AITE	5. DATE C		6. AGE (IN YEARS LAST BI	YRS.		FUNDER 24 HRS HOURS MIN.
marcel dir	M	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE		BALTIMORE CITY OF		OF DEATH City	MD.
by the filled with	B.	TY OR TOWN OF DEATH ALTIMORE	SIA	CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCUPAT			FOG
BALTIMORE, MARYLAND 2120 The be executed within 24 hours mician and completely filled in by apers, Pager, and 2 should be fill in, the medical examine consisted in	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT BAL	VTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW BALTIMO	'N_	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 3623 SEVE	N'MPLE	APT.	1E 21208
RYL ithir	10 9/	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN I			1457	
MAi mple	1	MOSES	RO	BINSON		FIRST	IE	L	ONG LAST	
e execut n and co Pages medical		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? VE WAR OR DATES)	215-05-		17. INFORMANT MRS 3623 SEVEN	RENA STAPPE MILE LA.		APT.	1E 21208
2 4 5		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per D BY: TE CAUSE (o)	rline for (0), (b), on Cardi		c shock			BETWEEN ON	ATE INTERVAL ISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the least of the this certificate has been signed by the envertence of the burial-fronsit permit. Then please immenterinanth and Mental Hygiene prior to burial, cremit are arked or them 18 shows any injury, an other troumatic except or them 18 shows any injury, an other troumatic except of them.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE COVONAM	ENCE OF	infarction enorderosis	i recrosis			
ouires signe sen pl o bury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVE	N IN PART 110	
he low required. hos been so the permit. The tene prior to the sony injury.	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	SS USED OF DEATH? NO
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DIVISION DING PHYS ar ottendir After this c e as the buy and the and Mu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
Spital or CTOR: A I for use of Health		22a.) certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (did no	11-18	19	86		on death accurred on the d		9 <u>86</u> , the	ot (I) (we) lost uses stated
TAL OR / y the bo RAL DIRE detached ofe Dept		Jour 1	Narha	iez My	>		MEDICAL STA	FF CIAN (22c. DATE SI	8-81
O HOSPITA etoined by to FUNERA TO FUNERA should be de with the State		RICK A 1	MARTIN			Sina (Huspital o	f Bai	16 mo	re
BP		BURIAL, CREMATION, REMOVAL SPECIBURIAL	NOV.19	,1986 N		EMETERY OR CREMATOR KODESH BETH				RYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	6010 REISTERS		BALTO.		21215 250. D	NOV 25		AR'S SIGNATUR	



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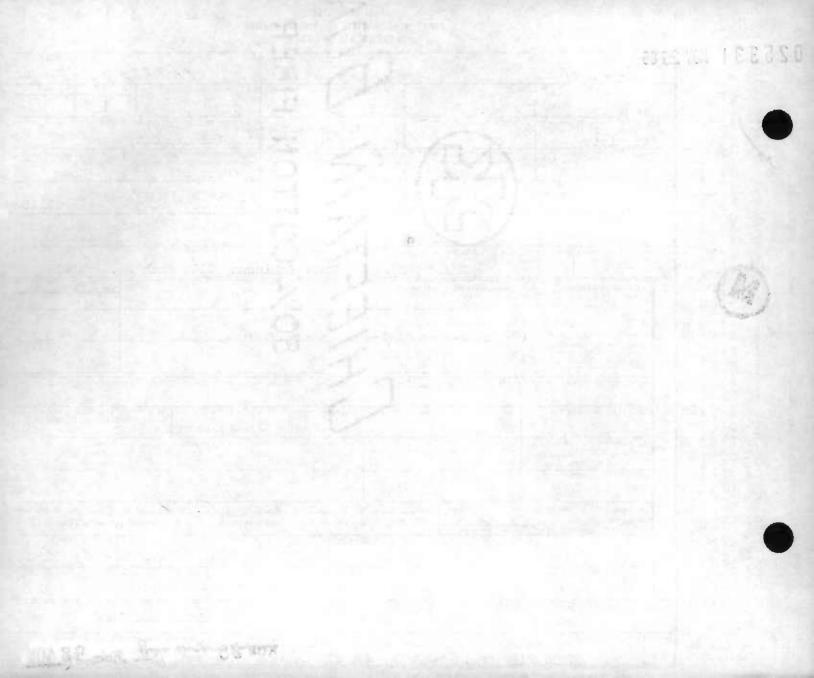
1 - FOR DEPARTI

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

4	T-DE	ASED NAME FIRST	MIDDLE	L	AST	A Comment	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	PITPE	Rozell	m	Roh	1501	2	11	1211	86	1:00 AM
	3. SEX		4 RACE	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIR		INDER 1 YEAR	IF UNDER 24 HRS
		Female	White	MONTH 11	15	14	72	YRS	ITHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER /	MARRIED -	9 BALTIMORE CITY O	R COUNTY O	DEATH	
2		Virginia	USA	WIDOWE		VORCED [Baltimor	e City		MD.
1	10° C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		R OTHER INS	TITUTION	120 USUAL OCCUPATION		12b, KIND O	F BUSINESS OR
/	1	Baltimore	Mercy Hos				Housewif			ome
0		AL RESIDENCE (IF NURSING HOME OR		PENCE BEFORE ADMISSION)	13d INSIDE C	ITV LIMITCO	13e STREET ADDRESS	ZID CODE		
2	130. 3			dgemere	YES	NO DE	7216 Orth			21219
2	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER	S MAIDEN NAM	MIDDLE MIDDLE		LAS	
Z	/	Adam		olden	Ha	ezel	MIDDLE		Robin	
17		AS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17 INFORMA	INT	ADDRE	SS		- I n
μ	(A	es noor unknown) I if yes, giv	(E WAR OR DATES)	5-24-3670	Ste	ve Robin	nson 7216	Orth Ro		1219
31		18 CAUSE OF DEATH (Enter or	ly one cause per line for t	ol, (b), and ici.i					BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIA		umonia	,					
			DUE TO, OR AS A C	ONSFOLIENCE OF	N. 10					
		Canditians, if any, which		one hoas	nic c	arcini	02704		3	days
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONSEQUENCE				115.50		0
		underlying couse last.	(6)	ONSEQUENCE OF						
		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	a
	o a									
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	206. IF YES, V		
	I I						YES NO	IN CERTIFY II		NO [
-	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	T OR PART 2)	
7	3	OR CONTRIBUTING CAUSE OF DEA		ONTH DAY YEAR	3833					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU	RY	211 LOCATIO		CITY OR TO		COUNTY	STATE
	×	WHILE NOT WHILE	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM ETC)	STREET		CITORIO	1414	COUNT	STATE
		220.1 certify that (1) (this haspi	ital) ottended the deceas	sed fram ///	09	19 86		. 19	86	that (l) (we) last
		saw the deceased alive on	11/21	19 5 C. or	d that in (my)	(aur) opinian d	leath accurred an the do	ate and hour a	nd from the	causes stated
		abave, (1) (we) (did) (did no 22b. SIGNATURE	it) view the body after dec		DEGREE				22c DATE	SIGNED
		Keith	Ence	mal m	n	ATTENDING PHYSICIAN	MEDICAL STAF		11/:	21/86
7		220. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRES		DIRECTOR PHISIC	IAIN DE		
Ŀ		Keith	Frien	2	m	pr-cy	H0561	101		
-	23n B	SURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR		123d LOCATION			
		SPECIFY) Cremation				CKEMATORT	Baltimor	e Mary	Pand	STATE
	-	INERAL DIRECTOR				25a DATE	DECID C TO TRAD	26 DECICTOA	DIC CICNIAT	· · · · ·

DHMH - 16 60M 7/84 (VRA 15, 4) Duda-Ruck Funeral Dome of Dundalk 7922 Wise Ave. Dundalk, MD 21222 NOV 25 DUL Juha Dicitor Roles



FOR

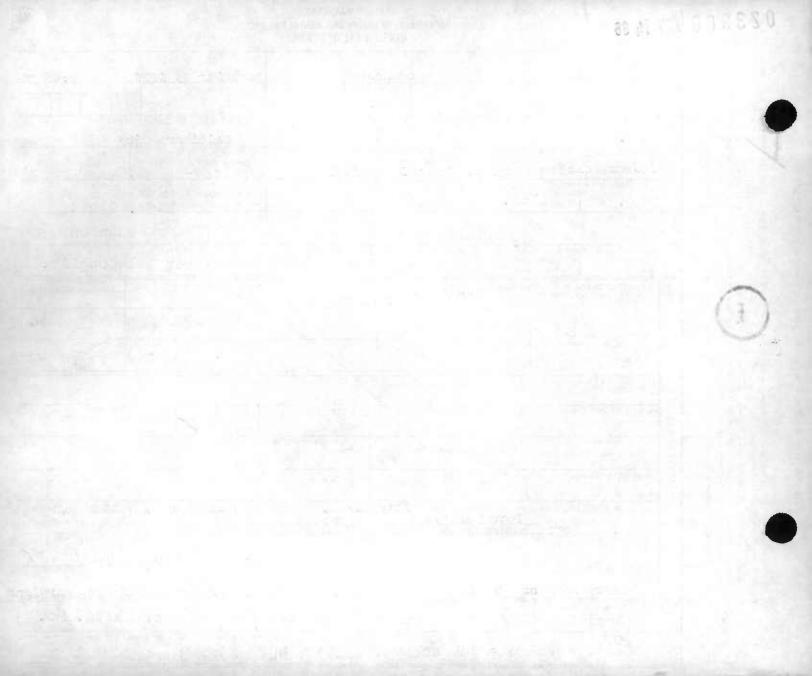
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

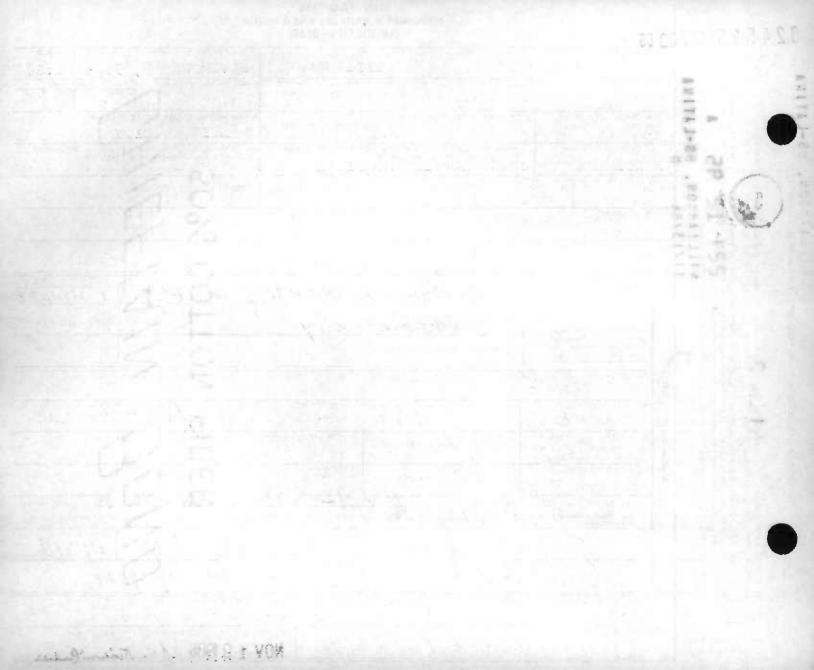
/	RESISTRAR		CERTI	FICATE OF DEATH	REG. NO	D		
	1. DECEASED NAME		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY		26 HOUR
١	(Rheupert)	2HE PERT	J. R	SHOO		11 13	3 86	2:00 AM
ı	3. SEX	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
1	m	T.	3	27 1900	86	YRS.	NINS DATS	HOURS MIN
7	70 BIRTHPLACE (STATE OR I	FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH	
1	Md.	USA	WIDOW		BALTIM	as C C !	M	MD.
	10 CITY OR TOWN OF DEA		HOSPITAL, NURSING HOME THE FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
	BALTIMEN	c mcr	CY HOSPIN	R			1.000.11	
1	NO STATE	SING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	TE EN	
1	Md.		Balto.	YES NO	927 Revan St			
	14 FATHER'S NAME	WIDDLE	(AST	15. MOTHER'S MAIDEN NA	ME MIDDLE	- LILOO	LAS	T.
	Ed		Roache	Ida				1
	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
1	no		218-10-3816	Lola Roache 927	7 Bevan St. 212	230		
1	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one cause per	line for (a), (b), and (c)				BETWEEN (MATE INTERVAL ONSET AND DEATH
ı	PARTI. DEATH W	IMMEDIATE CAUSE (a)	CEREBROVAS	cure Acci	DINT		1100	RS
		DUE TO, O	R AS A CONSEQUENCE OF					
1	Canditians, if any,		HYPERRA	15100			44	25
1	cause (a), statir	ng the DUETO, O	R AS A CONSEQUENCE OF					
	underlying cause	(c)						
1		NIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	ITION GIVEN	IN PART 110	
4	CERTIFICATION OF THE CATOR OF T	TION 19h COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20h JE YES N	WERE FINDIN	ICS LISED
	FIC	17.0		SIT TOTAL		IN CERTIFY	NG CAUSES	OF DEATH?
4	210 ACCIDENT WAS UNI	DERLYING 7 216. TIME C	F INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES	LIORPARI 2)	NO 🗌
1		CAUSE OF DEATH HOUR A.	M. MONTH DAY YEAR		TES TENTER HANDE OF MOON	THE THE TOTAL		
1	(IF EITHER NOTIFY MEDI		M. 19 OF INJURY	211 LOCATION				
		HILE	REET, FACTORY, OFFICE, FARM ETC)	STREET	CITY OR TO	MM	COUNTY	STATE
	22a L certify that (I)	(this haspital) attended th	e deceased from	12 10 86	2 10 11 11	3 10	86	that (1) (we) last
	saw the decease	ed alive an 1111	3 10 86	and that in (my) (our) apinion	death accurred on the da	ite and hour c		
	22b. SIGNATURE	did) (did not) view the bady	after death.	DEGREE			22c. DATE	SIGNED
	Danie	P Ph //	Pere m	ATTENDING PHYSICIAN [MEDICAL STAF		111/	13/86
1	PHYSICIAN'S N	AME (TYPE OR PRINT)	(100)	27e ADDRESS	_ OMECION _ THISIC	INIT CALL	1	.010
	Dama	L.P. PHIL	LIPSIMO	mirer	MOSPITAL	301 5	T. PM	up.
	230. BURIAL, CREMATION,			CEMETERY OR CREMATORY	23d LOCATION	m la la	COUNTY	STATE
	Burial	11/17/8	6 Ced	ar Hill Cem.	Balto.			
	74 FUNERAL DIRECTOR		ADDRESS	25c. DAT	TE REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNAT	URE
	Wm. C. March F/	/H 1101 E. North	Ave.	NU	JV 14 1000	Julia L	Corden.	Pandace"

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



024545 NOV	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 3	1034
by be oge 3 deoth	I. DECEASED NAME FIRST	ANTONIO MIDOLE P.	(WILLIAMSON)	NOVEMBER 13,	1986 1:50 M
ector. po	3. SEX Male	4 RACE Black	5. DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HRS. DNIHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NORCED DIVORCED	BALTIMORE CITY OR COUNTY OF BALTIMORE CIT	
	BALTIMORE	JOHNS HOPKINS	S HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Unemployed	12b. KIND OF BUSINESS OR INDUSTRY
3 185	Maryland (38° CC	E OR OTHER INSTITUTION. GIVE RESIDENCE BEFOR DUNTY 131. CITY OR TOW Baltimor	e 13d. INSIDE CITY LIMITS?	134 STREET ADDRESS / ZIP CODE 1734 E. Eager St	reet 21202
185	14. FATHER'S NAME Antonio	Rodgers	15. MOTHER'S MAIDEN NA Latina	MIDDLE	liamson
TIMORE STATES	NO	, GIVE WAR OR DATES]	LaTIna Will	iamson 1734 E. Ea	~
ST., BAI ertificate g physic nonpop temova event, tt	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one cause per line for (a), (b), an USED 8Y: DIATE CAUSE (a)	C- RESPIRATO	RY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN The law requires that the death cert to offending physician. Wher this certificate has been signed by the offending to sthe build-fransit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremotion, are entorked or fleam 8 shows any injury, or other traumatic events.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.		MATURITY		90 MINUTE
equires an signee of Then pl			DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1101
AL RECC	190. DATE OF OPERATION NON T 1710. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NOW YES	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIANI ong physic certificate uriol-frans tental Hyg	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	(T T OR PART 2)
DIVISION ING PHY After this as the bu Ith and M oorked or	AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	W- W 1- 001	CITY OR TOWN	COUNTY STATE
ATTEND ospital o ospital o ECTOR: A ed for use of the use of the use of the office office of the off	saw the deceased alive	ospital) attended the deceased from	and that in (my) (aur) apinion	death occurred on the date and haur	9 Yo, that (I) (we) last and from the causes stated
PITAL OR by the h by the h by the h by the h bit e detoche e detoche Stote Dep ANT: If the	22d PHYSICIAN'S NAME (TO	from Want.	ATTENDING PHYSICIAN [276 ADDRESS.	MEDICAL STAFF DIRECTOR PHYSICIAN	/1/13/86
TO HOSPITA retained by TO FUNERA should be de with the Stot	JACKSON 230 BURIAL, CREMATION, REMOV	WONG	JOHN H	TOPKINS HOSPI	TAL.
BP	SPECIFY) BURIAL 24 FUNERAL DIRECTOR		edar Hill Cemetery	Anne Arundel Co	
DHMH - 16 60M 7/84 (VRA 15, 4)	NAME	omes 1101 East N			calo Alexandre



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Alia Tinana

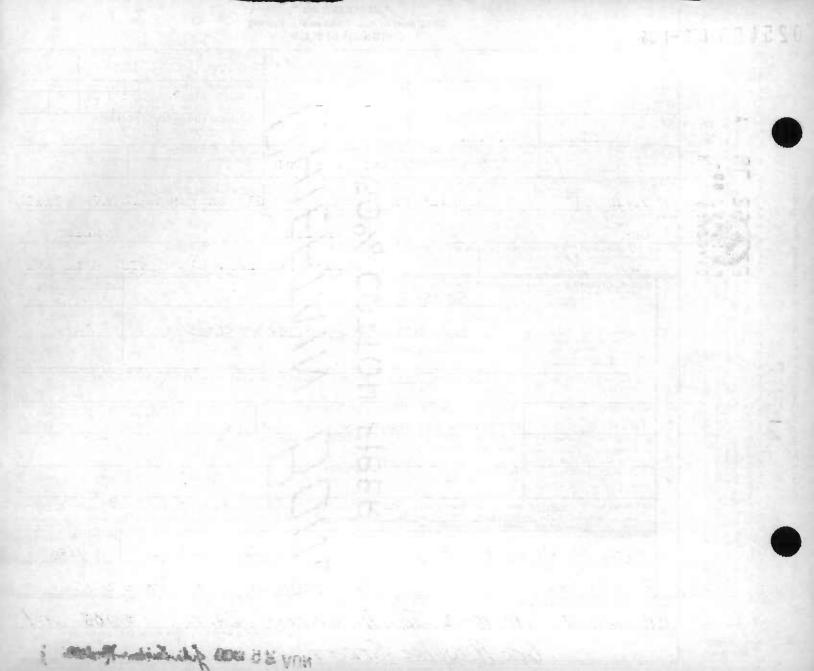
STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

		FOR		DEDADA		E OF MARYLAND	8 6	3	10	8 6
	1.	STATE REGISTRAR		DEPARI		IEALTH AND MENTAL HYO				
125361 NOV	1200	96	M	IDDLE		A S T	REG. N	MONTH DA	Y YEAR 12	2b HOUR
of the of	(TYPE	OR PRINT)	USAN Ž	1 G.	172	ROGGIO	11/71/0	/		947
poge poge	3. SE	X	4 RACE	4	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST B	RIHDAY) II		IF UNDER 24 HRS
7 7 5		-	1	1/2000	MONT	DAY YEAR	30	MC		HOURS MIN.
1 to 1	To B	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF W	✓ hite /HAT COUNTRY	? 8	6 26	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
1 1 36 b		COUNTRY)	1).	(NEVER MARRIED		_	E Cit	-77
1		ryland ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI	WIDOW ING HOME	DR OTHER INSTITUTION	12a USUAL OCCUPA			BUSINESS OR
# 1142	P.	1+imama /	,	FACILITY, GIVE STREE	TADDRESS)	- OF BALTIMORE	Exec.Dire		INDUSTRY	ing Choic
1 11/1		AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	SINA OR OTHER INSTITUTION O						е пеаті	ing Choic
2 39 86		A A D	timore			13d INSIDE CITY LIMITS? "	130 STREET ADDRESS		CT	712.1
1 11/12		ATHER'S NAME	спиоте 1	10Ws	ON	15 MOTHER'S MAIDEN NA		ERLY	01,	21204
13	1)	FIRST	MIDDLE	PIDA		Mary	V.		EAST	00 51
	16a \	DOMINI WAS DECEASED EVER IN U.S. A	RMED FORCES?	PIRA 16b SOCIAL SEC	URITY NO.	17 INFORMANT	ADDF	ESS	CAM	PISELL
What I	1000		EIVE WAR OR DATES)	215-68-	9980	Lawrence P.	Poggio - s	ame ac	#136	
0.2255± €	No	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS					109910 3	ane as		ATE INTERVAL
NG PHYSICIAN: The law requires that the death cert after this certificate has been signed by the attending is as the burial-transit permit. Then please remove carbon thand Mental Hygiene prior to burial. cremation, or required or tem 18 shows any injury, or other traumatic events.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	((c) A	AS A CONSEQUE	DENCE OF	MUNDOFFICIEN NOT RELATED TO THE TERM	VCY SYNI	PONE	N IN PART 110	
fow re fow re ermit.	FICA	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING ING CAUSES O	S USED OF DEATH?
HYSICIAN: The Iding physicion. Is certificate has burial-transit pe Mental Hygiene	ERTI	210 ACCIDENT WAS UNDERLYING	21b. TIME OF	INTHIDY		Tale HOW INTERVOCATION	YES NO	YES		NO 🗌
SICIAN: The organization of physicic certificate rial-transit ental Hygie frem 18 shows		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M		DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF IN)	URY IN ITEM IB PAR	T I OR PART 2)	
PHYSIC ending this cert the burial and Menta d an Iten	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE O		19	211 LOCATION				
PH ortens orth ord o	ME	WHILE NOT WHILE		ET, FACTORY OFFICE.	FARM ETC]	STREET	CITY OR T	OWN	COUNTY	STATE
OK ATTENDING OR ATTENDING Is hospital ar a DIRECTOR: After sched for use as Dept. of Health if them 21 is morte		220.1 certify that (I) (this has saw the deceased alive a above (I) (we (did) did n	11/26	19_	(2 /	19 3 and that in (my) (aur) apinion	death accurred an the c	late and hour o		at (I) (we) last
TO HOSPITAL OR retoined by the he TO FUNERAL DIRE should be detoche with the Store Dep		226. SIGNATURE 1270 PHYSICIAN'S NAME (1YPE	OR PRINT	an the	-> /	ATTENDING PHYSICIAN [MEDICAL STA	CIAN	22c DATE SI	24/86
O HOS efoined TO Fur shauld with the		HANAPI .	SHAM	KHAN	.)	SWAL L	HOSPITA 4	- 0 F	BALTI	MORE
of of star star star star star star star star	23o 1	BURIAL, CREMATION, REMOVA	L 23b DATE	23 _t	NAME OF	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP	Cı	remation	11-26	-86 V		ew Crematory	Balto.		COUNTY	Md.
DHMH - 16 60M 7/B4	.24 FI	UNERAL DIRECTOR		ADDRESS	1050	York Rd. 250. DA	TE REC'D. BY REGISTRAL	25b. REGISTRA	AR'S SIGNATUR	RE
(VRA 15, 4)	R	ick Towson Fune	eral Home	, Inc. 5	Towson	,Md. 21204	OV 26 1986	1	Disorder.	Kandall

125301 15 15 15 A SEE CONTRACTOR OF SERVICE 177.90 STE MED OF THE MANAGER TO THE PARTY OF THE PAR MOV 26 H80 - WE STANDARD

025496 DEC	-\-\-\-\-\-	FOR SPATE URBGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	HENE 8 0	3	1 6	3 /
		CEASED NAME FIRST	MI	DDLE	L.	AST	20. DATE OF DEATH	MONTH DA	Y YEAR 2	lb. HOUR
ge 3 eoth	(ITPE	BABY BOY			ROL	LINS	OCTOBER	9, 19	286	2;40P
mo)	3. SE		4. RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
ecto rs of	M.	ALE	BLACK		U9.	- 22- 86	1. 75	YRS.	17	MIN.
Po Pour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIEI	NEVER MARRIED *	9 BALTIMORE CITY	_		
deoth 7	3	MARYLAND	U.S.Z		MIDOME	DIVORCED [BALTIMOR	RE CIT	Y	MD.
		TY OR TOWN OF DEATH ALTIMORE	THE J	OSPITAL, NURSIN FACHLITY, GIVE STREET A OHNS HO	G HOME C ADDRESS) PKIN	ROTHER INSTITUTION S HOSPITAL	128 USUAL OCCUPAT		12b. KIND OF INDUSTRY	BUSINESS OR
AND 2120 In 24 hours Inted in bit hould be filled in bit hould be fi	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 131 COUN RYLAND	ITY 1	IVE RESIDENCE BEFORE 3c. CITY OR TOWN BALTIMO	N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS 819 EXETE	ZIP CODE R HAL	L AVE	#21218
E LANGE	14. FA	THER'S NAME	MIDDIF			15 MOTHER'S MAIDEN NA	ME	+		
1 600)	UNK	WIDDIE	LAST		DENISE	MIDDLE		ROLLI	NS
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECU	RITY NO.	17. INFORMANT	* ADDR	ESS		
	(NO NO OR DARNOWN) (IF 4ES, GIV	E WAR OK DATES!			DENISE ROL	LINS. J19	EXET:	ER HAI	L AVE
A Control of		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per li	ne far (o), (b), and	d (c).)				APPROXIM. BETWEEN ON	ATE INTERVAL
of physical control of the control o			D BY: E CAUSE (a)	SEPS1.	S		•	200	5 DA	YS
1 W. PRESTON not the death or by the otherdin continuous carb il, cremention, or other froumotic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	AS A CONSEQUE NECRO AS A CONSEQUE	DTIZ	ING ENTER	OCOLITIS		5 DA	YS
equires requires Then ple r to burn require, or	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS COM	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N IN PART 1(a)	
De de la company	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
A - 4 6 6 6 6 4 4	RTIF	10/4/86		NAL PER	FORAT		YES NO	YES		NO 🔀
Sicial of physical of physical		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER	TH HOUR A.M	MONTH DA	YEAR	21a HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T 1 OR PART 2)	
OIVISIO UC PHY offer that is the but thend M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OI (AT HOME, STREE	F INJURY T, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ATTENDE spirol or CTOR d for out		22a.1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we) (did) (did na	DCTOBER	9 10	RG , an	d that in (my) (our) opinian	to OCTOBER			ot (1) (we) lost
AL OR , the house the house Deptite De		Poter M H	na ma	OPhD	[PEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	10/9	GNED 186
FO HOSPITA TO FUNERA Stbuld be de with the Stort MAPORTANT		PETER M HANE	0			JOHNS HOPKI	US HOSPITAL	BALTO	21205	
0 a 5 d 3 ₹		URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF CI	METERY OR CREMATORY	23d. LOCATION		COLINE	I
BP	C	REMATION	10-10	-86 J	thus 1	topkins Hosp	BALTO	3	12.05	md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	INÉRAL DIRECTOR NAME	600 N.	WOLF	e 5,	PROCTNOV	E REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNATUI	₹E



026590 DEC	OF STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 REG. NO.	3 5 8 8
oge 4 may be director, page 3 ours after death	1 DECEASED NAME (119E CHARMAN) 1 SEX 76 MRTHPLACE (MATHORISE)	MARY ELIZABETH The CITIZEN OF WHAT COUNTRY?	F. DATE OF BIRTH MONTH 23/1919	20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY) 7. BALTIMORE CITY OR COL	H UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS.
Py the toward to the state of t	PENNSYL VANIA TO CHY OR TOWN OF DEAT	U.S. A.	MARRIED NEVER MARRIED	BALTO - CI 120. USUAL OCCUPATION (1496) OF WORK FOR MOST OF WORK TOME MAKEY	MD.
, MARYLAND 213 complemely filled in 1 and 2 shalled by	ARYLAND PATHERS NAME	NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR 136, COUNTY 136, CILY OR TOW HARFOLD 300PA	YN 13d INSIDE CITY LIMITS? YES (NO)	13e STREET ADDRESS / ZIP (ZOI DURYUTA ME MEDIL MEDIL	DRIVE/ 21085
ST. BALTIMORE	II CAUSE OF DEATH PART I. DEATH WA	(F YEL GOLGONGON DATES) WHAT Enter only one course per line for (a), (b), on	R.N. CAMERON,	705 COBBIE CREEK	CURVE, NEWARK, NER.
ECORDS, 201 W. PRESTON or lequites that the death of the signed by the attention mit. Their please remains or corp prior to burnel committee or any injury, or other thought	Conditions, if any, gove rise to immediate of the following course part 2. OTHER SIGN PART 2. OTHER 2. OT	DUE TO, OR AS A CONSEQUIPE TO THE PROPERTY OF AS A CONSEQUIPE TO THE PROPERTY OF A CONTRIBUTING TO THE PROPERTY OF A CONTRIBUTING TO THE PROPERTY OF A CONTRIBUTION OF A CONTR	enotic Cardiovpscu ence of	1200 AUTOPSY? 1206.	/ k
DIVISION OF VITAL & DIVIC PHYSICIAN. The is or afferting physician After this certificate has e on the build Homit pe alth and Mental Hygiere marked or them 8 shows	OR CONTRIBUTING CA	AUSE OF DEATH AL EXAMINER) HOUR A.M. MONTH D P.M. ED 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19 211 LOCATION	YES NO CHERNATURE OF INJURY IN ITE	YES NO
D HOSPITAL OR ATTENDED by the hospital O FUNERAL DIRECTOR. Thould be detected for us off the State Dept. of Ham NPORTANT, if them 21 is.	saw the deceased	NA 1	DEGREE ATTENDING		thour and fram the causes stoted 22c. DATE SIGNED Nov. 27,1886
BP DHMH - 16 60M 7/84 (VRA 15, 4)	230. BURIAL, CREMATION, R REMITHE CREMA 24 FUNERAL DIRECTOR THE NAME CONSTRUCTOR	1 -1.6.	NAME OF CEMETERY OR CEMATORY A. FURRIS & Co. 111	23d LOCATION CITY OF TOWN WEST CHIES THE (TE REC'D. BY REGISTRAN 25b RE O4 1986	HES TEP, LENNA. GISTRAR'S SIGNATURE DENNA.

11 71 77 77 77 77 77 77 A CONTRACTOR OF THE PROPERTY O The same of the set of 1012 - 0 " Comment Training the second se UKE OA 1986 ALL ATLANTA

IMPORTANT: If hem

DHMH - 16 60M 7/84 (VRA 15, 4)

23

STATE OF MARYLAND

IV	1/2	STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DEC	CEASED NAME FIRST	A.	Ron	neo	20 DATE OF DEATH	MONTH DAY	86	26 HOUR 6:00 AM		
	3. SE)	nak '	White	5. DATE C		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
2	M BI	ARYLAND	4. S. A	MARRIEI	DIVORCED	9 BALTIMORE CITY S	CIMOL	DEATH	MD.		
6	10 CI	altimore 1	NAME OF HOSPITAL, NUI	REET ADDRESS)	L Center	120. USUAL OCCUPAT (TYPE YORK FOR MOST		126. KIND OF INDUSTRY BRAR	Papon Co		
	130. S	AL RESIDENCE (IF NURSING HOME OR OTI STATE 136 COUNTY	13c. CITY OR T	OWN MORZ	13d. INSIDE CITY LIMITS? YES NO [ZIP CODE S	72/2	231		
>		ATHERS NAME FIRST MID	12.	e 0	15. MOTHER'S MAIDEN NA	MIDDLE		BOVA			
	16a V	VAS DECEASED EVER IN U.S. ARME YES NOORUNKNOWN) (IF YES, GIVE W	D FORCES? 166 SOCIALS		James Rom	ADDR	Lindon	ARB	4 7		
	7	PART 2 OTHER SIGNIFICANT COIL	DUE TO, OR AS A CONSE	OUENCE OF	nua NOT RELATED TO THE TERM	MINAL DISEASE OR CON	PDITION GIVEN		MATE INTERVAL INSET AND DEATH		
1	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	G CAUSES	IGS USED OF DEATH?		
1	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2)			
	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (the hospital)	(AT HOME STREET, FACTORY, OFF		STREET	City OR TO)wn	COUNTY	STATE		
1000		saw the deceased alive an above, (1) (and (did) the book of the same of the sa	11-11	9 <u>86</u> , on	d that in (my Novem opinion	death accurred on the d	AFF				
		ROSITA)	R. CRLIZ	7	PHYSICIAN PHYSIC	DIRECTOR PHYSIC	CAL	CEN	TER		
	C.	Remation	A A .	SECUR	ty Process	23d. LOCATION CITY OF TOWN CATOMS	ville	OUNTY	MATE		
	M.	ARK A Chatarast	K. E.H. 1800	E. Lomb	MOI	TE REC'D. BY REGISTRAR V 1 3 1986	25b REGISTRAF	S'S SIGNATU	Padace		

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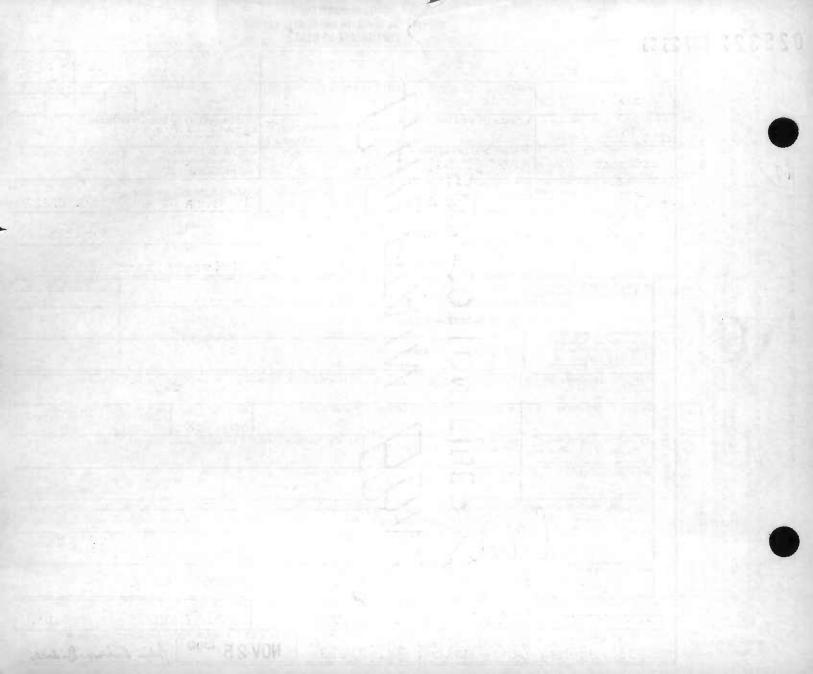
	STA	TE OF M	ARYLA	ND	
DEPART	MENT OF	HEALTH	AND N	ENTAL	HYGIENE
	CERTI	FICATE	OF D	EATH	

	1-	FOR STATE REGISTRAR		DEPARTS		EALTH AND M		REG. NO). D.) ! C) 7 0	
		CEASED NAME FIRST BLAT	NCHE	B.		NEMUS		2a. DATE OF DEATH	MONTH 11	24 86	4:05pm	
	3. SEX	X	4. RACE		5. DATE O	OF BIRTH		6. AGE IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Female	White		MONTH 03	07	VE AP	82	YRS	MONTHS DAYS	HOURS MIN.	
	(RTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED T	Baltimore City o		Y OF DEATH	MD	
2	10. CI Ba	or town of DEATH Limore	Good St	HOSPITAL, NURSIN HEACHITY GIVE STREET LIMATITAN I	G HOME (ADDRESS) HOSPI	OR OTHER INSTI	TUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE)	F WORKING I		F BUSINESS OR	
-	130. S Mar	ryland —	AE OR OTHER INSTITUTION OUN <u>TY</u>	GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMOS	N		NO 🗌	13e STREET ADDRESS (510 Tolna S	zir cod Stree	t Balto	.Md21224	
1	14. FA	James I	Butler	Ronemus	3	15 MOTHER'S	MAIDEN NA/ ALA	ME		Burne	ette	
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU		17. INFORMAN		ADDRE	SS	129 17 1		
		no la	S, GIVE WAR OR DATES	216-42-	3116	Mary R	Таутог	(sister) sa	me add	MATE INTERVAL	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Metastatic Bladder Concer DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF										
-	CERTIFICATION	IN CER							20b. IF YE	IVEN IN PART I 10 ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	F INJURY M. MONTH DA M.	Y YEAR	21c HOW INJ	URY OCCURE	YES NO E		PART (OR PART 2)	NO 🗌	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	E NOT WHILE (AT HOME, STREET, FACTORY,			21f. LOCATIO STREET	CITY OR TO	COUNTY	STATE			
		220.1 certify that (1) (this hospital) attended the deceased from November 1st, 1986, to November 24, 1986, that (1) (we saw the deceased alive on November 24, 1986, and that in (my) (aur) opinion death occurred on the date and hour and from the causes state above, (1) (we) (did) (did not) what the body after death. 226. SIGNATURE / DEGREE 226. DATE SIGNED										
_		22d PHYSICIAN'S NAME (I	ellla	1		AT	TENDING HYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F X	11/2	24/86	
		Cesar	M Pena		91			an Hospital	of M	d		
	230. B	BURIAL, CREMATION, REMO NTOMBMENT	23b. DATE 11/26		RDEN	EMETERY OR CI		23d LOCATION CITY OF TOWN BALTIM	ORE	COUNTY	MD.	

DHMH - 16 60M 7/84 (VRA 15, 4)

^{24 FUNERAL DIRECTOR}
SCHIMUNEK FUNERAL HOME,
3331 Brehms Lane, Balto. INC.

NOV 25 1900 Julia Dividen Res lulia Tividor . Rondale



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for		Di	STA EPARTMENT OF	TE OF MA		VOIENE)	3	105))
6 6 5 NOV 12 FOR			ICAL EXAMIN				REG, NO.		
I. DECEASED NA	AME FIRST		WIDDLE	LAS		2a DATE	KNOWN MO	NIH DAY YEAR	26 HOUR
(TYPE CIR PRINT)	I Edward			Pos	senberg	OF DEATH	MATED X	1 3 19 86	5
I. SEX	4. RACE 5.	DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNDE	R 1 YR. IF UNDER		MOM	2 00	2d HOUR
Male	White	10 21	02 84 YI		DAYS HOURS	MIN. PRONOUP DE AC		1 5 186	11:26
THPLACE FOREIGN COUNT		CITIZEN OF WHA	T COUNTRY?	8. MARRIED	☐ NEVER MARRI	P. BALTIN	ORE CITY OR CO		
Connec	ticut	4.5.1	7	WIDOWED			Baltimor	e City,	MD.
CITY OR TOV		I. NAME OF HOSPI	TAL, NURSING HOME	, OR OTHER	INSTITUTION	12a USUAL OCCU	PATION TYPE OF WO		USINESS
Balti			t. Paul St			Station	ery	Keta	.1/
IBa STATE	CE (IF IN NURSING HOME OR OT 13b. COUNTY	THER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSING CITY OF TOWN	re 130	A. INSIDE CITY LIMITS? YES NO	350/	St. Paul	1 5+ 21	218
M FATHER'S NA		AIDDLE	LAST		MOTHER'S MAIDE	NNAME	NODLE	LAST	
	Known				Unkn				
160. WAS DECEA (YES, NO. OR UN		O FORCES?	16b. SOCIAL SECURIT		INFORMANT	7	ADDRESS		
ye.	WW	II.		800 1	Joland L)rave 5	610 Gre		21209
18 CAUS	OF DEATH (Enter only of DEATH WAS CAUSED BY	V						BETWEEN ONS	E INTERVAL ET AND DEATH
	IMMEDIATE C	AUSE (0) Arte	riosclerot		diovascul	lar diseas	se		
Condi	tions, if ony, which	DUE TO, OR A	S A CONSEQUENCE (OF.				19 75 71	
	rise to immediate (a) stoting the under-	(b)	S A CONSEQUENCE (DE .					
	cause lost.		S A CONSEQUENCE (JF.				57 5	
PART 2 OTHE	R SIGNIFICANT CONDITIONS CONT	(c) Tributing to death bu	T NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVEN IN PAR	RT 1 to			
o v									
190. DATE	OF OPERATION	196. CONDITIO	ON FOR WHICH OPER	ATION WAS	PERFORMED?			20 AUTOPSY	(?
THE STATE OF THE S								YES 🗆	ио Х
	NAL CAUSE WAS	HOUR A.M.	NJURY MONTH DAY YEAR	21c. HOW	INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	OR PART 2)	
	NG OR ITING CAUSE OF DEA Y OCCURRED		19	211	TION				
	NOT WHILE	STREET, FACTOR	INJURY (AT HOME, RY, FARM, ETC.)	21f LOCA		CITY OR TO	wN	COUNTY	STATE
AT WORK	AT WORK								
22a. I ce	ertify that I took charge of		bed above, held an	Autopsy	. Inspection	Inquiry	ond in m	y opinion	
death res	ulted fram: Natural c	couses X, A	ccident L, Sui	icide .	Homicide .	Undetermined mo	anner,		
ACTUAL	11/	11		7	TITLE (SPECIFY)		DA	TE 22/6/	100
SIGNATUI	EINGE	-		M.D.	ssistant	MEDICAL EXAM	INER SK	TE 11/6/	86
EXAMINES TYPE OR F		Miam M.	Zane, M.D.	ADI	DRESS_111 F	Penn st.	Balto.MD).	
DRIGHT A	AATION REMOVAL 111 I	DATE	23L NAME OF CEA	AETERY ON C	REMATORY	THE LOCATION	0	county	fall a
24 FUNERAL DE	11/al 11	19/86	Garrison	Forest	VeT. Cem	Garrison	Dalti	more Ma	uryhand
SAME	1	ADDRESS.	P . L . H	2120	NOV	1 0 1086	R 100 REGISTRAR	S SIGNATURE	
nepreu)	Memorial F.H	INC 1/00	Keisterst	ownka	T NOV	1 0 1000	Dune Bo	-az-Konge	

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244	O E NOV		FOR	*		PEPARTMENT		MARYLAND H AND MEN	ITAL HYGII	ENE 6	3 1	0 7	0.1
1 4 4 4	8 5 NOA	13	STATE RECISTRAR		MEI	DICAL EXAM	AINER'S	CERTIFICA	TE OF D	EATH REG	NO.		
			CEASED NAMI	E FIRST		MIDDLE	100	LAST		20. DATE KNOWN	HTMOM [XV	DAY YEAR	2b. HOUR
27.9	大学校			Άl	NDRE		ROSS			OF ESTI- DEATH MATED	11-8-	86 19	,
26	P FILES. HOURS STREET,	3. SE)	(4. RACE	S. DATE OF BIRTH	YEAR LAST B	(IN YEARS IF U		UNDER 24 HR		11-8-	Q DAY YEAT	20.11001
ARY,	222Z	and .	LE	BLACK	6 19	1956 30	YRS. MON	THS DAYS H	OURS MIN.	PRONOUNCED DEAD		19	8:56मू
A 22		7a, BI	RTHPLACE (S'	TATE OR	76. CITIZEN OF WH	IAT COUNTRY?	8, MARI	RIED X NEVER	MARRIED [9. BALTIMORE CIT			
W 2	of 1475		RYLAND		U. S.	Α.			DIVORCED [Baltimo	_		ME
10	O SERVICE OF THE SERV		TY OR TOWN altimor		1229 Ben	PITAL, NURSING H	ESS)	ner institutio orth)	F	USUAL OCCUPATION OR MOST OF WORKING LIFE)	(TYPE OF WORK	WENDYS	
100 PV	SETAIN P COULD BE	USU A	L RESIDENCE TATE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE AD	MISSION)	13d INSIDE CITY L		STREET ADDRESS	212	27	
F AP	(A) A		ARYLANI			BALTIMO	RE	YES X 1	NO 0 62	5 EDGEWOOD	ST. B	ALTIMO	Œ,
E. M.	100	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S FIRST		WIDDIE		LAST	
AOR AOR	\$ 50 E	16a. V	ALFRED VAS DECEASEI	D EVER IN U.S. A	RMED FORCES?	ROSS	URITY NO.	17. INFORMAN	TRICE	HOLMES	ESS MARY	ROSS	21229
BALTIA S AFTE	85.50	(Y	ES, NO, OR UNKNO	(IF YES, GIV	E WAR OR DATES)	216-68-4		IVALYN	ROSS	625 EDGEW			
1	\$ F 9 5		18. CAUSE O	F DEATH (Enter o	only one couse per line							APPROXIMA	ATE INTERVAL SET AND DEATH
(ZII = 3	VAL.	16	PARTIDE	ATH WAS CAUS	ED BY: ATE CAUSE (o)	Hanging						BETWEEN ON.	NET AND DEATH
9 2	A Y G P					AS A CONSEQUEN	ICE OF						
1 E C	ALL	13		ns, if any, whic se to immediat									
	AMINI A-TRA MENTA V, OR R	12	cause (a) lying cau	stating the <u>under</u> use last.	DUE TO, OR	AS A CONSEQUEN	ICE OF						
	TON	18			(c)								
OF VITAL RECORDS	IF MEDICAL EXAMINER AION SED AS A BURIAL - TRANSIT PEN F HEALTH AND MENTAL HYGIENAL, CREMOVAL.	z	PAKI 2 OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIV	VEN IN PART 1 igi.				
REC	HEAL CR	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH C	DPERATION V	WAS PERFORME	D?			20 AUTOPS	Y?
DF VITAL RE	A P P S S S S S S S S S S S S S S S S S	IFIC										YES 🛣	
OF V	O BEING	CER		AL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY	21c. F	OW INJURY OC	CURRED LENT	TER NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR		
	20ED THE CHIEF WORD 20ED THE CHIEF AN E 3 SHOULD BE USED A E DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C	MEDICAL	UNDERLYING CONTRIBUTION	OR NG CAUSE OF	DEATHB: OOPM	11-8-86	P	subject	hange	d self			
DIVISION	3 SHC DEPAI PRICE	AEDI	21d. INJURY C	OCCURRED	21e PLACE C		u	STREET		CITY OR TOWN	cou	INTY	CTANE
G SHS	WARDED TO THE WARDED TO THE PAGE 3 SHOULD ITATE DEPARTMENT OF THE PAGE TO BE T	~	WHILE AT WORK	ATWORK	/base	ement		1229 N.	Benta.	lou Street	Balti	more, N	1d.
55 ×	54 A C.		27s. I certif	1	the ferriant des	ribed abave, held	on ford	pry X in	spection	Inquiry .	and in my ap	inian	
MIN	WE SER	3	death results	ed from Hot	August D.	Accident ./	Spriger X	Homicide	Unc	determined manner].		
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33	- RAME		SIGNATURE,	1/	Ma	relie	100	# Ohief	M	EDICAL EXAMINER	DATE	11-9-8	36
MED	PAGE A SHOU TO FUNEAL I AFTER DEATH, BALTIMORE, M	-	EXAMINER'S ITYPE OR PRI	NAME NT)	John E.	Smialek,	M.D.	ADDRESS	111 1	Penn Street			
25	BADAR -	73a,80	JRIAL, CREMA	TION, REMOVAL			Total Control of the	OR CREMATORY	734	LOCATION IT OF TOWN	20.0	4.	1000
07/84 BP		1.83	BU	RIAL	11/13/86	ARBUTU	IS MEMO	RIAL PA			TIMORE.		AND
25M	HMH - 17	24: N	OTTER	SON FU	NERAL HOME	, INC.		[25a.	DATE REC'D.	BY REGISTRAR 256 R			es-
		250	I GWYNI	NS FALLS	PKWY. BAL	TIMORE, M	D. 21	216	NOV 1	7 1900	COLOR BURNES	4.4	-

EALT DE DEL

40.00

BUNIAL 11/13/86 ARRIVES NUMBERLY PARK NUTTUR & SQN FUNDIAL ROPE, INC. 2501 GRYNUS FALLS FRWY. BALTIMORE, MD. 21216 NUV LTETE

MANAGER RENDYS FAST

CREIS DIALITARE

BALLINGEL, LANVIAND

A 625 RECENCED ST. PAINTECHE,

THE HOLDES HOLDES

SIG-SE-0350 LANGE WAS ESS TRANSPORTED BY

00-22873	Item # 23b, FOR G621,1 1 - STATE REGISTRAR	FIlm G 1/7/86 rja	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		3	10	9 4
00 22013	I. DECEASED NAME	FIRST	WIDDLE		AST	REG. NO		117.00 To	
nay be page 3	(TYPE OR PRINT)	DAVID	J	Ros		20. DATE OF DEATH	1 01	VEAR	26. HOUR 4: 45 AM
E . 0	3. SEX	4. RACE	. 1	5. DATE O		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS.
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10	10. CITY OR TOWN O	(IF NO	T IN SUCH FACILITY, GIVE STA	REET ADDRESS)	edical Center	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Engineer	F WORKING LIFE) IN	DUSTRY	BUSINESSOR
filled in Old be	USUAL RESIDENCE (1 130. STATE Marylar	NURSING HOME OR OTHER INST	13c. CITY OR TO	FORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 15	13e STREET ADDRESS 2998 SOLL	ers Pt.	Rd	21222
rthir ithir	14. FATHER'S NAME				15. MOTHER'S MAIDEN NA				
omple ond	David	Henry	Rotl		Anna	Marie		Rock	straugh
AORE ond c oges	160: WAS DECEASED	EVER IN U.S. ARMED FOR		CURITY NO.	17. INFORMANT	ADDRE	SS		
IIMO	Yes	WW II		3-7177	Gertrude F	Rothe 2998	Sollers	Pt/	21222
DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 quires: they the control of the control of the control of the please remains the	Conditions, if gove rise to couse (o), underlying	ony, which immediate stating the couse lost.	(o) Respir TO, OR AS A CONSEC (b) TO, OR AS A CONSEC (c)	DUENCE OF	Failure NOT RELATED TO THE TERM	ninal disease or coni	DITION GIVEN IN	mhu	ATE INTERVAL SSET AND DEATH
w requ	Q (A) INTERIOR		condition for whi		chemia 2° 0	20s AUTOPSY?	20b. IF YES, WE	PE EINIDING	Co Hosp
AL REC	CERTIFICATION OF THE CALIFORNIA WAS A STREET OF OF THE CALIFORNIA WAS A STREET OF THE CALIFOR			en or examo	WAS FERI ORMED	YES NOT	IN CERTIFYING	CAUSES	OF DEATH?
N OF VITAL SKCIAN: The physicion certificate h uniol-tronsit frem to Hygier tern 18 shape	OR CONTRIBUTION		IME OF INJURY UR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C	OR PART 2)	
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The law requires: the or attending physician. After this certificate has been signed be as the burial-transit permit. Then pleas outh and Mental Hygiene prior to burial, morked or them 18 shews ony injury, or or	21d. INJURY OC	CURRED 2)e. P	PLACE OF INJURY OME, STREET, FACTORY, OFFIC		21f. LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
TENDI or TOR: A or Use of Heal	sow the de	ot (I) (this hospital) attended on the ceased alive an other we) (did) (did not) view the	3/ 19		d that in (my) (our) opinion	, 10	7 17		at (I) (we) last
At OR y the hy the hole detoche	22b. SIGNATUR	D Rogge	n		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	F	2c. DATE SI	SGNED 86
TO HOSPITAL retoined by H TO FUNERAL should be det with the State	22d. PHYSICIAN	D. Rogg	en		22e ADDRESS				
BP	236 BURIAL, CREMAT (SPECIFY) Burial		11-4-86 23	Oak I	emetery or crematory awn	23d LOCATION CITY OR TOWN Baltimor	e Maryla		STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTO	Duua-Nuck	Funeral He Ave. Dunc		1101	- 5 1986	Alea Den		

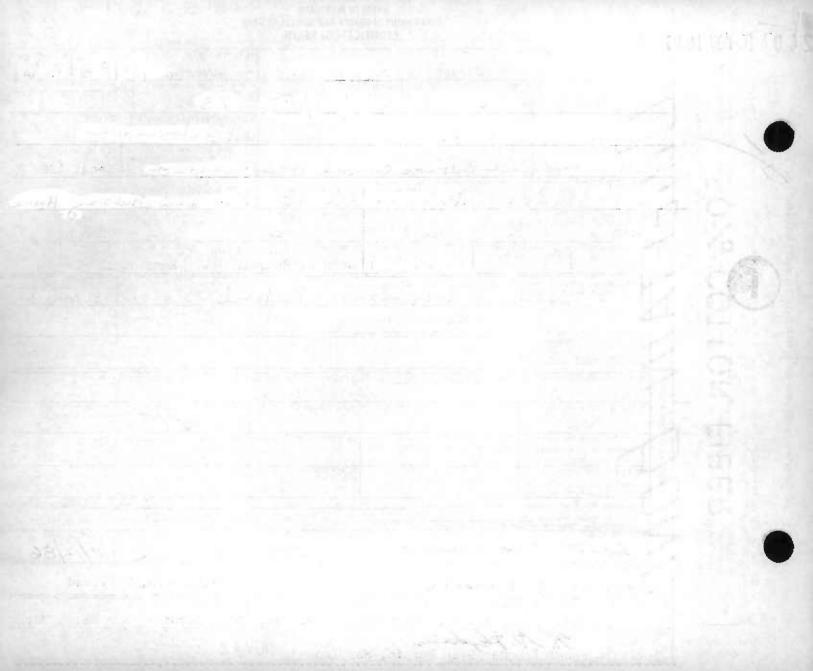
		1			STATE OF MARYLAND	8 8	0 1	0 7 -
		1.	FOR	DEPA	RTMENT OF HEALTH AND MENTA	L HYGIENE		
		1.	REGISTRAR		CERTIFICATE OF DEATH	REG. N		
4076	NOV	find	BASED NAME HEST	WEDLE	LAST	20. DATE OF DEATH		2b. HOUR
0 04			CR PRINTI			IN DATE OF DEATH		P
d 90 o			ROY	L	ROWE	NOVEMBER	9. 1986	4:15
2 4		3.96	-	LANCE 1	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
lirector			Male	mete	7-14-1948	33	YRS.	S HOURS MIN
ment of marsel o	£		COUNTY OF A .	76 CIMEN OF WHAT COUNTY	MARRIED NEVER MARRIED		E CITY	M
40 4 b	2	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST		N 12g. USUAL OCCUPATI	ON 12b, KIND of WORKING LIFE) HOUSTIN	
10 10	-	B/	LTIMORE	THE JOHNS H	OPKINS HOSPITA	I Jey. Couple	year some	Julian
24 ho	135	like i	he co	OTHER INSTITUTION, GIVE BEJIDENCE BE INTY	13d. INSIDE CHY LIMI YES NO	64 . 6 / 17	Z)P CODE	2123
desty d 2 th		14. F	THER'S NAME	MIDDLE OF LASE	15. MOTHER'S MAIDE	N NAME MIDDLE	7	AST
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7	/ America		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SI	5786 anni L	PRowe-2016		A 212
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to a special constant of the s	ť		PART I. DEATH WAS CAU:	anly one cause per line for (a), (b), SED BY:			BETWEEN	NONSET AND DEAT
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	atic			DUE TO, OR AS A CONSE	OUENCE OF		1000 1630	
1 4 5	6		Conditions, if any, which	(b) SEP.			7	days
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2	#		underlying couse last	DUE TO, OR AS A CONSE	DUENCE OF	NOUS LEUK	EMID 22	2 wont
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Die o	60	z	PART 2. OTHER SIGNIFICAN	I CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART	Ira ·
9 65 8	6	CATION						
8 2 6	6 1	40	1% DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
26 2 2 2	N N	E				YES NOT	YES	NO X
The state of the s	-	CERTIF	THE ACCIDENT WAS UNDERLYING		21c HOW INJURY O	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
34 415	= /	1 =	OR CONTRIBUTING [] CAUSE OF D		DAY YEAR			
Se se	1 -	Ιũ	LETTINGS, NOTICE MEDICAL TRAMP		19			
de la de	ō.	WED	714 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f. LOCATION	CITY OR TO	WN COUNTY	STATE
0 1 1 1 0	No.	5	AT WORK AT WORK	(W. Nome, Sincer, PACTOR), Offi	CL, I MIN, LTC J			
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F 4 0 2 8	F4		obove, it (we) (did) (did)	not) view the body after death.		omen deam decorred on the de		
* 4 8 8 9	2		776 SIGNATURE		DEGREE			ESIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST DECEASED NAME 2s. DATE OF DEATH MONTH, Th. HOUR. THE OFFICE John . Joseph Rummel, Sr. November 12, 1986 3:SEX 4 RACE 5 DATE OF BRITH & AGE IN YEARS LAST BRITISH'S MONth Male White Jan. 16. 1913 74. BIRTHPLACE INTUITION FOR SON 76 CITIZEN OF WHAT COUNTRY? I BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED FCITY OF TOWN OF BEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION De USUAL OCCUPATION 125 KIND OF BUSINESS OR CTYPE OF INDEX FOR MOST OF WORKING LEET OF NOT IN SUCH FACIETY, GIVE SIMEST ADDRESS INDUSTRY South Bultwore General Baltimore Steam Fitter Local 438 USUAL RESIDENCE OF MUSICA HOM ON OTHER INSTITUTION. COUNTY 3L CITY OF TOWN 13d INSIDE CITY LIMITST 13e STREET ADDRESS / ZIP CODE 'Maryland A A Co. Clen Burnie 7981 Perthshire Path VES CI NO X 21061 EFATHER'S NAME 15 MOTHER'S MAIDEN NAME MEDDIE John P. Barbara Rumme 1 Hough (Son) ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCEST 146 SOCIAL SECURITY NO. 17. INFORMANT TES, NO DRUMENOWNS (WYELL GOVE WAR OR DATES) 213.10.7549 John J. Rummel, Jr. Same as 13 RETWEEN CHEET AND DEATH II. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Kespiratory IMMEDIATE CAUSE IN DUE TO, OR AS A CONSEQUENCE OF neumania Conditions, if only, which gave rise to immediate couse sol, stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1111 1% DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFORMED 78s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY THE HOW INJURY OCCURRED. (LINES NATURE OF HULBY IN VIEW 18, PART LOS PART 2) HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING T CAUSE OF DEATH OF DOMER MODES WITH ALTERNATION 714 INJURY OCCURRED 21e. PLACE OF INJURY 711 LOCATION CITY OF TOWN COUNTY 0.2421 (AT HOME STREET, FACTORY OFFICE PARM, ETC.) at work 22s.1 certify that (1) (this hospital) attended the deceased from ____ sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 775 SIGNATURE DECREE THE DATESIGNED MEDICAL FUNERAL (PHYSICIAN DIRECTOR PHYSICIAN IN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 77* ADDRESS Baltimore, Maryland TEADMAN 22a BURIAL CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION STATE Nov 15, 1986 Glen Haven Mem. Park Burial Glen Burnie Md. A A Co. 24 FUNERAL DIRECTOR 25s DATE REC'D. BY REGISTRARISM REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) Singleton Funeral Home Glen Burnie, Maryland



STATE OF MARYLAND

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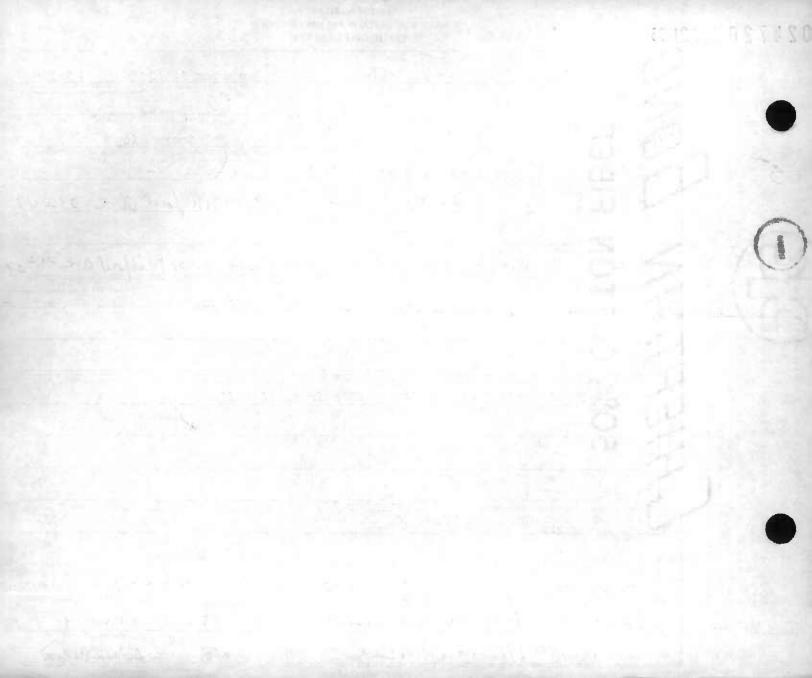
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STATE OF MARYLAND

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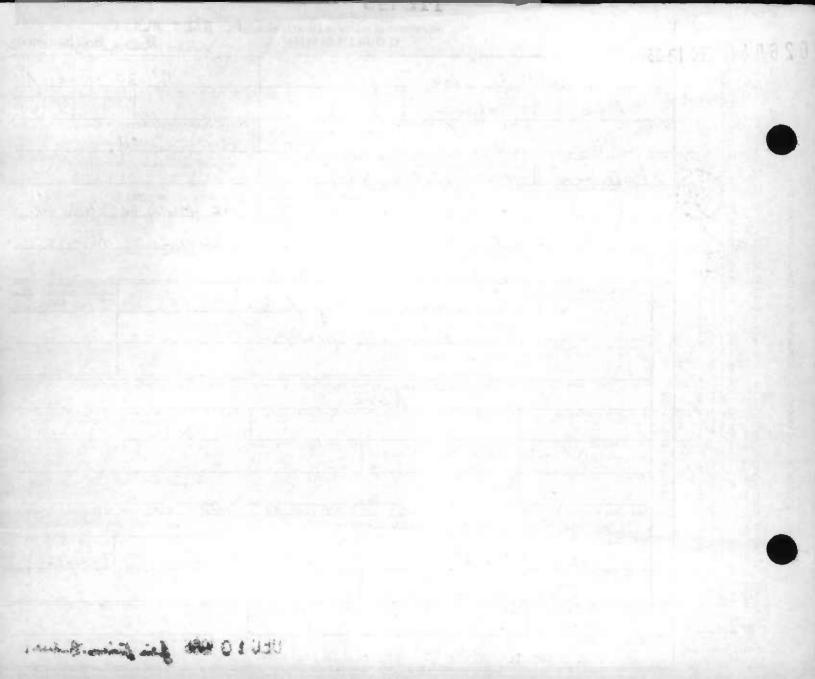
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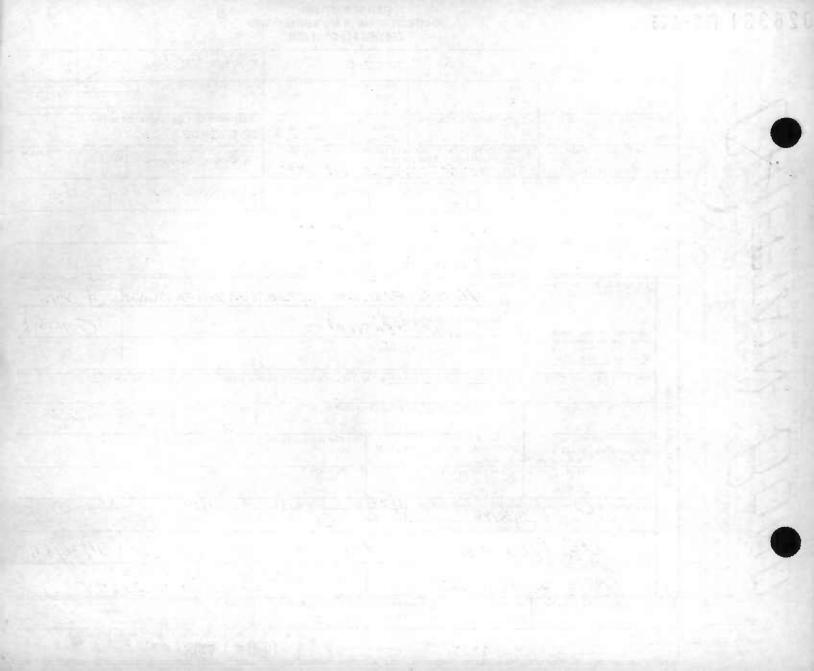
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.; BALTIMORE, MD.	MINER: THIS CERTIFICATE SHOULD BE EXECUTED THE CATE, WRITING THE WORD "PENDING" IN THE SEE FORWARDED TO THE CHIEF MEDICAL EXAMPLED TO THE CHIEF MEDICAL EXAMPLED AS A BURILLY HE STATE DEPARTMENT OF HEALTH AND MENTAND, 21201 PRICR TO BURIAL, CREMATION OF	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO OEATH E	UT NOT RELA	ITEO TO THE TERA	IINAL OISEAS	E OR CONDITION	N GIVEN IN PART 1	(a).			
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	MINING BE FOR		death resulte	d fram / Ayfur	pacoffer (X)	Accipled!	J. Su	icide	, Hamic	ide .	Undetermined man	ner .		
	WITH			1117	111	Kh	han		TITLE (SE	PECIFY)				
	AL HA		SIGNATURE_	M	m / ·	14	10	N	D. Assi	stant	_MEDICAL EXAMIN	VER SIG	E 11-	21-86
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	-	EXAMINER'S IN	NAME Chai	rles P. Ko	ikes,	M.D.		ADDRESS	111	Penn St.,	Balto.,	MD 21	201
	BATARET —	23a.B	URIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. N	NAME OF CE	METERY C	R CREMATO	ORY	23d. LOCATION		OHINTY	
07/84	BP		TOR'IAL		11-26-86	IMT	. CAL	VARY	CEM		CITORIOWN	BA	TTO.	MD E
25M	DHMH - 17		JNERAL DIRECT		ADDRESS				2	25a. DATE REC	D. BY REGISTRAR			
	(VR A15 ME (5))	MA	RCH F/	H 1101	LE. NOR	TH A	VE.			MUV 2	5 1900	Julia Der	don Rando	44.



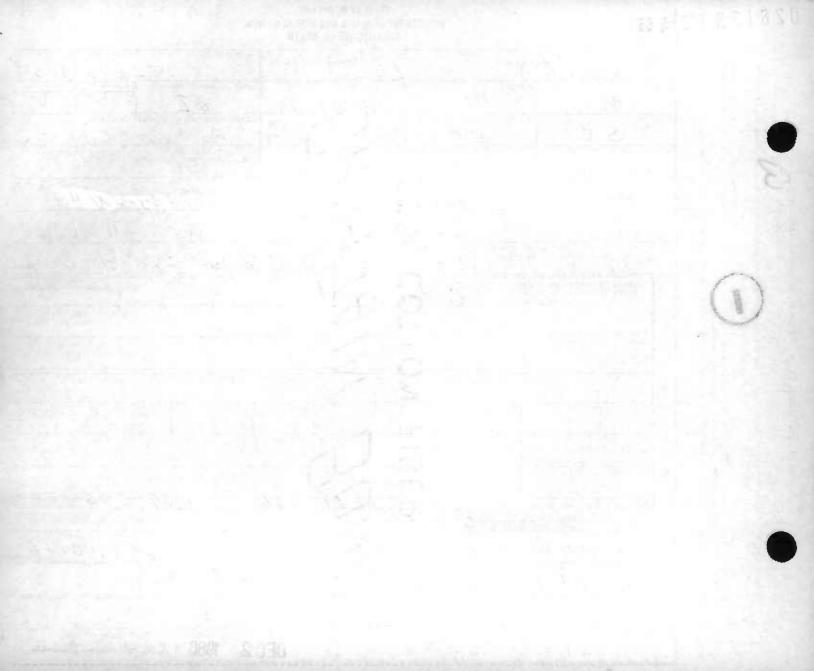
	1	FOR	DEPAR	STATE OF MARYLAND	SENEP BABY	PLATE! / O
2010 050	1	- STATE REGISTRAR	DELM	CERTIFICATE OF DEATH	REG. NO	Baby Boy Samme
134 U UEC		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
nay be poge 3 or death	I I I YP	E OR PRINT)	MONS Beby	Roy	ACCESSORY STREET	11 30 86 6 1
er d	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24
acto acto	V	Male	White	MONTH DAY YEAR 1 30 86		YRS. DAYS HOURS 4
2 32 35/		IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY O	
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1 11	S. C.	Bulting	(IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION ELET ADDRESS) Mel. 1405 P.	120 USUAL OCCUPATH	
2 7 1	13a	AL RESIDENCE OME OR STATE	1111	WN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	
	D. E.	ATHER'S NAME	CI Dat	YES NO 15. MOTHER'S MAIDEN NA	488 Ma	vley Rd, Elkton Md
3 16 /1/	10	FIRST D	MIDDLE + CLAST	FIRST	MIDDLE	Alcoholog
1 10		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRE	ss /veares
9 0 de 6	4	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	Chart		
d 100 100	-	18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b),	ond (c).)		APPROXIMATE INTERVA BETWEEN ONSET AND DE
the second second		PART I. DEATH WAS CAUSE	E CAUSE (a) Curdi.	orespirator, fail	N.C.	2 hr 49 m
deng arba or re		The state of the s	DUE TO, OR AS A CONSEC	DUENCE OF		
Start dead		Canditians, if any, which	(1b) Pre	veable pretern	<u> </u>	
2 25 3		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
though the		underlying cause last.	(c)			
Sagne Sagne	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 11a
1117	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
o book in	1 %				YES NO NO	IN CERTIFYING CAUSES OF DEATHS
T TO STATE OF THE PARTY OF THE	1 88	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUP		
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04 1 0 E	2	AT WORK NOT WHILE	(AT HOME, STREET, PACTORY, OFFIC	E, PARM, ETC)		
ND A ST		220.1 certify that (1) this hospit			7.7	6 A . 19 86 , that (1) (we)
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OR the		226. SIGNATURE	0 011	DEGREE ATTENDING	MEDICAL STAF	22c. DATE SIGNED
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0 to		Jam		my		
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
ВР	24 5	Removal UNERAL DIRECTOR	12-4-86	106a BW	TE DEG'D AV DEG A TO AD	26L DEC ICTRADIC CICNIATURE
DHMH - 16 60M 7/84	24 1	Anatomy	Roard	Balto., Md.	LETO TOBER	A REGISTRAN SIGNAL RE
(VRA 15, 4)	1	Anacomy	Doard	Darco., Flu.		



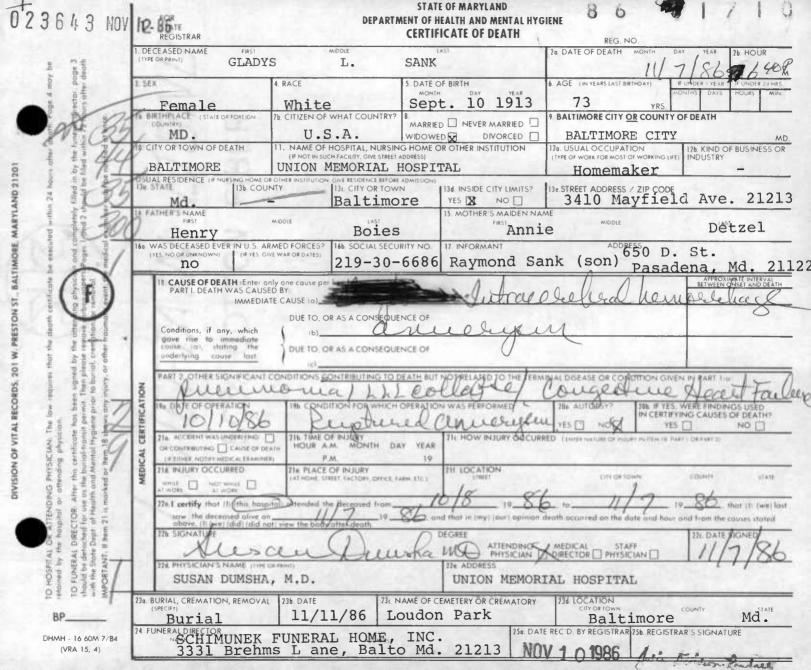
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	B	ALTIMORE		HOPKIN	S HOSPITAL		12b. KIND OF BUSINESS OR INDUSTRY	
	3"	AL RESIDENCE (IF NURSING HOME O STATE 136 COU			13d. INSIDE CITY LIMITS? YES NO	133 STREET ADDRESS AZIP CODE A	VE. 21213	
事。	P	ONNIE	MIDDLE BATTL'Î	ST T	LUCILESE	ME MIDDLE	HYMAN	
CES CES	160	WAS DECEASED EVER IN U.S. AF		1 SECURITY NO. 26245	6ALVIN SA	ADDRESS NDERS 3303 LYN	DALE AVE,	
STON ST., BAL Bath certificate Medical physics on or removal tumanic event, the	THE REAL PROPERTY.	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which	TE CAUSE (a) VERTE	BRO BASI	St ,	NOVASCUCAN ACCIDENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 DAYS 154CARS	
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A ATTENE Nospetal of RECTOR and far up put of the		220.1 certify that (1) this hosp sow the deceased alive or above, (1) we raid (did no 220. SIGNATURE	11/30/86 ot) view the body after death.	19_ 86 , or		death accurred on the date and haur on	, 1110 (11)(110)	
FITAL OF the SEPAL DIS CHARLES OF CHARLES DIS CHARLES	-	MEAN 22d. PHYSICIAN'S NAME (TYPE	Heard III. OR PRINT)		MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/30/86	
TO HOSPIT, retained by TO FUNEs, should be discuss the Story with the Story MAD STAN	23a	M. EARL H	EARD III	123r NAME OF C	600	N. WOLFES BALTO, MD 21	205	
BP	E	ÜR"ÏAL	12 6.86	BALTI	MORE CEMETE	RY BALTIMORE	OUNTY STATE MD	
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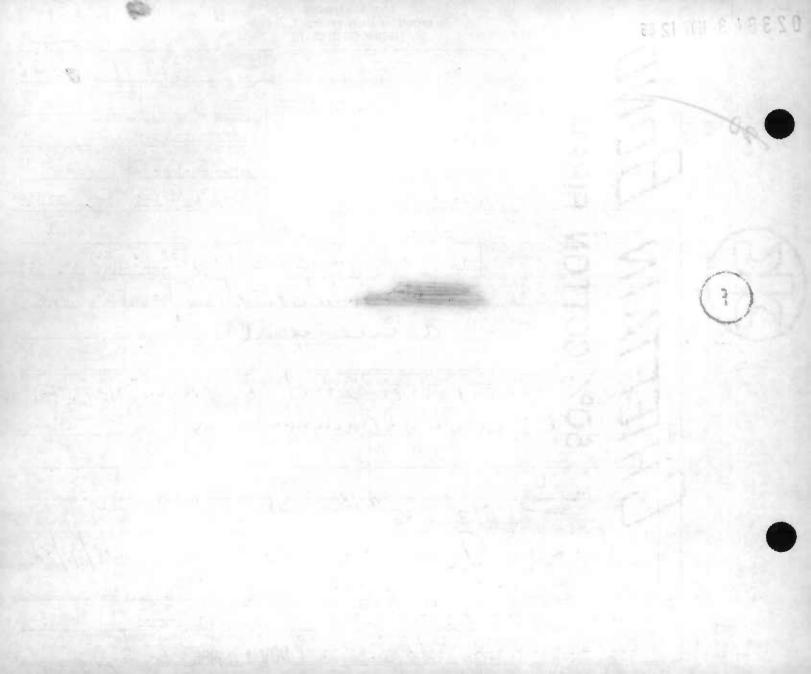


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moy be r, page 3 ter death	{TYP	CEASED NAME / FIBST	ames MIDDLE	Sh	sanders mes	20. DATE OF DEATH	MONTH DAY	VEAR 26. HOUR P 86 2:45 M
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Durs offer		Bald more	CIBERT	Y, GIVE STREET A DRESS -	or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)		KIND OF BUSINESS OR USTRY
LAND 2		AL RESIDENCE (IF NURSING HOME STATE 13b. COI		ty or town eltimore	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Applet	6n St
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BALTIMORE ond cond cond cond cond cond cond cond c			GIVE WAR OR DATES) 2/5	-70-3877	Rev. David		2208 E	1/Sindre Ave APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
low requires that the dean millings been signed by the arrival memit. Then please remove the prior to burial, cremation, and so any injury, or ather tradimatic even	NOIT	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A (b) DUE TO, OR AS A (c) T CONDITIONS CONTRIB	CONSEQUENCE OF				
AL RECC	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATIC	N WAS PERFORMED	200 AUTOPSY?		AUSES OF DEATH?
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate his should be detached for use as the burial-transit pwith the Stote Dept. of Health and Mental Hygien IMPORTANT: If them 21 is marked or them 18 show	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER NOTEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a 1 certify that (I) (this has sow the deceased alive obovs) (I) (we) (did) (did 27b. SIGNATURE) ORGE THE PHYSICIAN'S NAME WAS ORGE	HOUR A.M. M P.M. 21e PLACE OF INJUITATION (AT HOME STREET, FACT) Spital) attended the decer	ONTH DAY YEAR 19 JRY ORY, OFFICE, FARM, ETC.) Ssed from Ed., o	21f LOCATION STREET 1) 19 56 nd that in (my) (our) opinion DEGREE	CITY OR TO	ote and hour and fr	UNITY STATE
BP.	230	BURIAL, CREMATION, REMOVA	12/4/86		Memorial Park	23d LOCATION CITY OR TOWN Arbutus	COUNT	ty State
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR March Funeral Hor				TE REC'D. BY REGISTRAR	256 REGISTRAR'S S	SIGNATURE



4346 NOV	18	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		3 1 / 0 9
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY , YEAR 26 HOUR
poge 3		REBEK	AH	SAUDERS	11 1	11/86 10150.
pog pr de	3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor. p		FEMALE	Riger	MONTH DAY YEAR /O OC	62	MONTHS DAYS HOURS MIN.
60 100		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	9 BALTIMORE CITY OR COUNT	TY OF DEATH
deoth. P		COUNTRY) N.C	ILSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	city MD.
5 0 Z	IRC	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h. KIND OF BUSINESS OR
2 P	18	ALTIMORE	BON SECOL		TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
o i e e	13a	AL RESIDENCE (IF NURSING HOME CONTACT	R OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13e STREET ADDRESS / ZIP COL	DE
filled hould be	M			MORE YES NO [LHoun ST 2/2
within 12 sh	14. F	ATHER'S NAME	MIDDLE /LAS	15. MOTHER'S MAIDEN NA	ME	
po de		JOHN	Hou	ACTON ANDE	WIDDIE	CARR
d co		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
n and c		NO NO	237-2	18-7301 James San	dus 1022 1	V. Calhount St
been signed by the attendin mit. Then please remove carb prior to buriol, cremotion, or ony injury, or ather traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION		geszun of 14	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
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00 J 80 F		22a-1 certify that (1) (this hasp	1 1. / 1			. 19 5c . that (1) (we) lost
Spite Spite CTO for of h		sow the deceased alive or above, (1) (we) (did) (did no	ot view the body after death.	19, and that in (my) (our) opinion	death accurred on the date and ha	out and from the causes stated
F Per F		22b. SIGNATURE	h he rent	DEGREE ATTENDING PHYSICIAN	APPOICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
O HOSPITAL etoined by th TO FUNERAL should be deti with the State MAPORTANT:		22d PHYSICIAN'S NAME (TYPE)	- m 8000	27e ADDRESS		
BP		BURIAL, CREMATION, REMOVAI SPECIFY) Burial		236 NAME OF CEMETERY OR CREMATORY King Memorial Park	Randallstown	COUNTY MA
DHMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR Carche Funeral Home	West 4300 Wabash	Avenue 250 DAT	E REC'D. BY REGISTRAR 256, REGIS	STRAR'S SIGNATURE





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126172 000		REGISTRAR				CERTI	FICATE OF D	EATH		REG. NO.		
UZBU/Z DEC		A ED NAME	FIRST	7	MIDDLE	43.014	LAST	011	2e. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
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2 22	1. SEX			4 RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
- 5 5 5	6	rale		Caula	SIAN	8	38	21	4	25 v	RS.	NOOKS MIN.
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112	M	ARYLAND		JUS	4	WIDOW		ORCED	Balt	more	Crty	MD.
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5 1 117				(c)								
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2 545 1	CERTIFICATION	MONE			2120					INCI	PERTIFYING CAUSES	S OF DEATH?
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A STATE OF	100	OR CONTRIBUTING			.M. MONTH .M.	DAY YEAR	NIA					
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NO A SOLD		22a.l certify that (I		al) attended th	ne deceased f	ram 11 -	12	19 86		11-25	19 86	that (I) (we) last
2 the second		saw the deceas abave, (I) wey	od alive an		52	19 66	nd that in (my)	aur) apinian d	eath accurred	an the date and	haur and Iram the	causes stated
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51 5413		JRIAL, CREMATION,	REMOVAL	236. DATE		23c NAME OF	EMETERY OR CE	REMATORY	13d. LOCATI	ON		
BP	B	ÜRTAL		NOV.26			EL MEM.	PARK	RANI	DALLSTO	IN BALTO	. MD
DHMH - 16 60M 7/84		NERAL DIRECTOR	SOL	LEVINSC			C.				GISTRAR'S SIGNA	TURE
(VRA 15, 4)	6	Olo REIST	ERSTO	IN RD.	BALTO.	, MD	21215	DEC	2 19	86 Jul	ia Dividson:	Randale

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
I. DECEASED NAME	FIRST	WIDDLE	AST	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOUR	35
. (-ladys	P. 30	aracen		11 10 86 61	PM
3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		MIN.
Female	Whi	te 06		73	YRS	
To. BIRTHPLACE (STATE ORF	OREIGN 76 CITIZEN OF	WHAT COUNTRY? 8	- C NEVER WARRIED C	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Virginia	U	SA WIDOWE	D NEVER MARRIED	Bal	4	MD.
10. CITY OR TOWN OF DEA	gir not in suc	HOSPITAL, NURSING HOME CONFECULITY, FIVE STREET ADDRESS)		12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired	F WORKING LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURS 130. STATE Maryland	ING HOME OR OTHER INSTITUTION	130. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES X NO		ZIP CODE cone Avenue 21211	
14. FATHER'S NAME FIRST	(unknow	n)	15 MOTHER'S MAIDEN NAM	ME (unknow	n)	
(YES NO OR UNKNOWN)	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRE		,
NO NOOR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	215-22-7470	Caroline Smi	th 2132 Dru	id Park Dr. 2121	.1
18 CAUSE OF DEATH PART I. DEATH W	H (Enter only one cause per AS CAUSED BY. IMMEDIATE CAUSE (o)	Inle for range, and ice	min		APPROXIMATE INTERVA BETWEEN ONSET AND DE	AL EATH
	g the DUE TO, O	ON AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART I I a	
190 DATE OF OPERAT	ION 196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHY	GS USED OF DEATH?
OR CONTRIBUTING C	CAUSE OF DEATH HOUR A.	.M. MONTH DAY YEAR .M. 19	21c HOW INJURY OCCUR	9 = =		
216 INJURY OCCURE WHILE AT WORK NOT WH AT WOR	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO		TE
saw the decease	(this hospital) attended the dalive an did (did not) view the body	ratter death.	nd that in (my) (aur) apinion of the personal pe	MEDICAL STA		
22d, PHYSICIAN'S NA	AME (TYPE OR PRINT) Green	ough Tir	PHYSICIAN [DIRECTOR PHYSIC	IAN 11/186	
230 BURIAL, CREMATION, (SPECIFY) Buria			EMETERY OR CREMATORY We Memorial Pk	23d LOCATION CITY OF TOWN Sykesvi	ille county Maryl	land

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

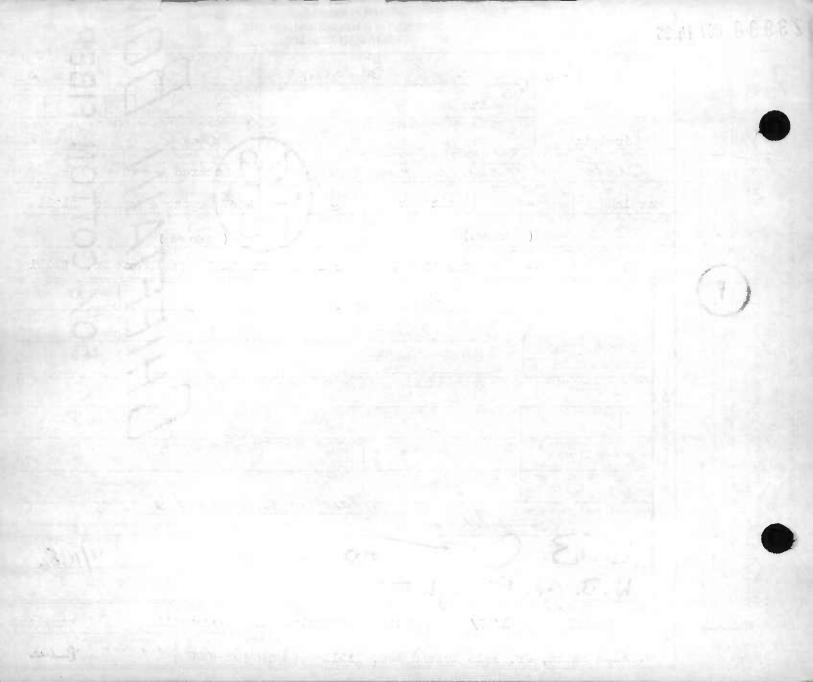
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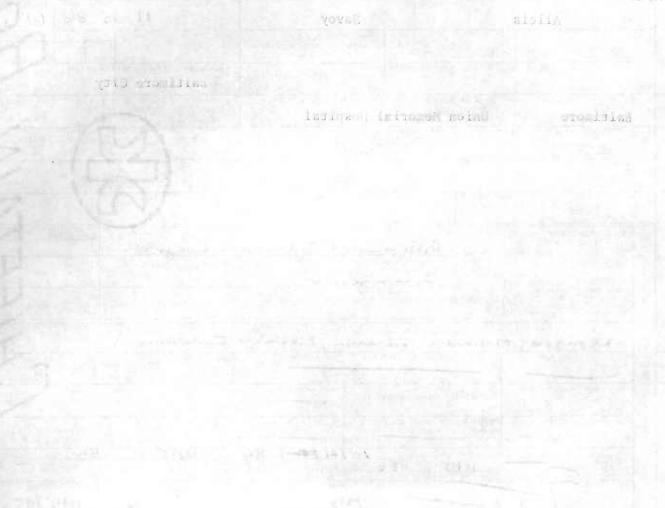
DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

(VRA 15, 4)

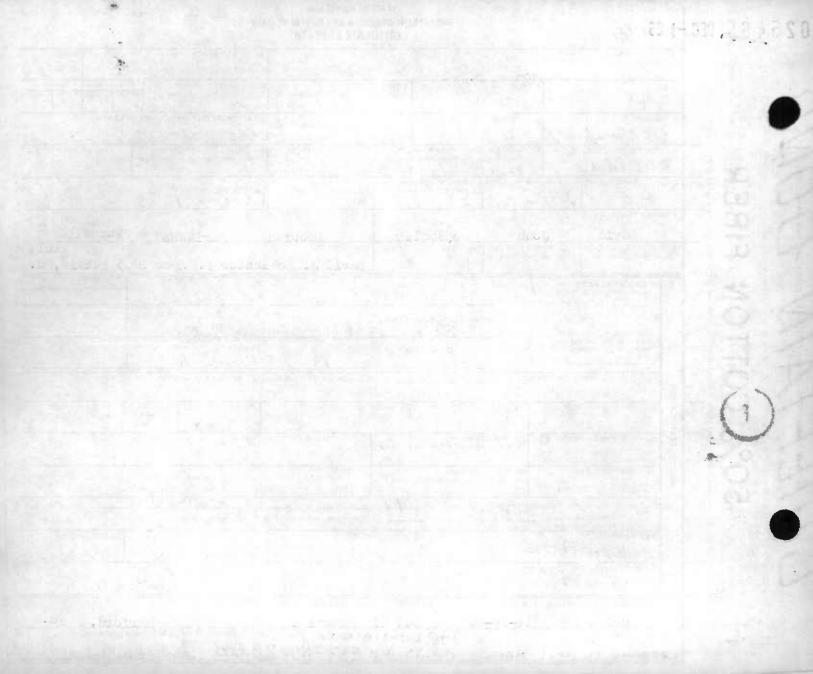




1071 304 10110 000 NOTEL STREET

				STATE OF MARYLAND		3 1 / 1
	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
		REGISTRAR		CERTIFICATE OF DEATH		
L NOV	21-	O.C.			REG. NO.	
NOV		OR PRINT)	MIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		KATHI	ERINE A. S	CHAEFER	11-17-8	6
	3.3E		4. RACE	5. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 H
20	200	-		MONTH DAY YEAR		ONTHS DAYS HOURS M
3	0	-	W	7-11-1894	92 YRS	
8.4	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
20		JARYLAND	U. S. A.	MARRIED NEVER MARRIED	BALTIMORE ()
25		TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	יודץ -
(3/0	10 0	Town or bearing	(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS
10		BALTO.	GARDEN VILLAG	E NURSING HOME	CLERK	BAKERY
300	D.U.	L RESIDENCE HE NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		- Cincal
36	Fair. S	150. COO	7		13e STREET ADDRESS / ZIP CODE	. C- 2120
-	11.5	MD.	BALT		12329 MILLIM	N ST. 2120
1	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
The		CHARLES	SUDBROOK		ISE BAKER	LASI
8	16a V	AS DECEASED EVER IN U.S. AR			ADDRESS	2121
medi	()	ES, NO OR UNKNOWN) (IF YES GIN	IVE WAR OR DATES)	8014 Hin Edna K	anely- 3210 Che	
0		1/10	217-26	3014 Ham coma K	anely-3210 Che	merfuld to
nt, th		18 CAUSE OF DEATH (Enter of	nly one couse per line for 101, (b), a	ndie a and		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
ven ven		PARTI. DEATH WAS CAUSE	ED BY:	Teaming lable.	10.	A .
e u		IMMEDIA	TE CAUSE (0)	Comment of the	a same	years
nat o			DUE TO, OR AS A CONSEQU	ENCE OF		
000		Conditions, if ony, which	(b)		from the second second	
1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	SEALCE OF		
ath		underlying couse lost.		ENCE OF		
ò		DANY O CYLLED CLC LINE	(c)			
٠٠٠.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 110
	은	Ded: ASCI	V.D			
- 12	1 -0 7	IN DATE OF OPEDATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
any ir	U	190 DATE OF OPERATION				
w S	IFICA	IVE DATE OF OPERATION				ING CAUSES OF DEATH?
shows ony ir	ERTIFICA	Telephone Co	7 216 TIME OF INHURY	71r HOW IN HIPV OCCUP	YES NO YES	NO 🗆
18 shaws any ir	L CERTIFICATION	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		AY YEAR 216 HOW INJURY OCCUR		NO
18 shaws any ir	CAL	210 ACCIDENT WAS UNDERLYING	ATH HOUR A.M. MONTH D	21c HOW INJURY OCCUR	YES NO YES	□ NO □
ar Item 18 shaws an	CAL	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY	19 211 LOCATION	YES NO YES	NO NO
Item 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 210 INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH D	19 211 LOCATION	YES NO YES	NO NO RT I OR PART 2)
or Item 18 shows	CAL	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 210 INJURY OCCURRED WHILE NOT WHILE AT WORK	ATH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	19 211 LOCATION	YES NO YES	NO NO COUNTY STATE
or Item 18 shows	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (1) (1)	ATH R) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 211 LOCATION STREET	YES NO YES	NO NO COUNTY STATE
ar Item 18 shaws an	CAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this base) sow the deceased alive on	AIH P.M. P.M. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19 211 LOCATION STREET	YES NO YES	NO NO COUNTY STATE
m 21 is marked ar Item 18 shaws an	CAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this base) sow the deceased alive on	ATH R) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 211 LOCATION STREET	YES NO YES	COUNTY STAT
Hem 21 is marked ar Hem 18 shaws	CAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) the sow the deceased alive an above, (1) (a	AIH P.M. P.M. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET , and that in (my) (aur) opinion DEGREE ATTENDING	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 1B PA CITY OR TOWN to death accurred on the date and hour	NO NO COUNTY STATE
Hem 21 is marked ar Hem 18 shows any in	CAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE 14 WORK AT WORK Sow the deceased alive on above, (1) (a. 14) (did no 22b. SIGNATURE	AIH R) P.M. 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 11) oftended the declared from 12) to the body often death.	FARM, ETC.) 211 LOCATION STREET , and that in (my) (aur) opinion DEGREE M. D. ATTENDING PHYSICIAN (6)	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA CITY OR TOWN death occurred on the date and hour	COUNTY STAT
Hem 21 is marked or Hem 18 shows any in	CAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) the sow the deceased alive an above, (1) (a	AIH R) P.M. 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 11) oftended the declared from 12) to the body often death.	FARM, ETC.) 211 LOCATION STREET , and that in (my) (aur) opinion DEGREE ATTENDING	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 1B PA CITY OR TOWN to death accurred on the date and hour	COUNTY STAT
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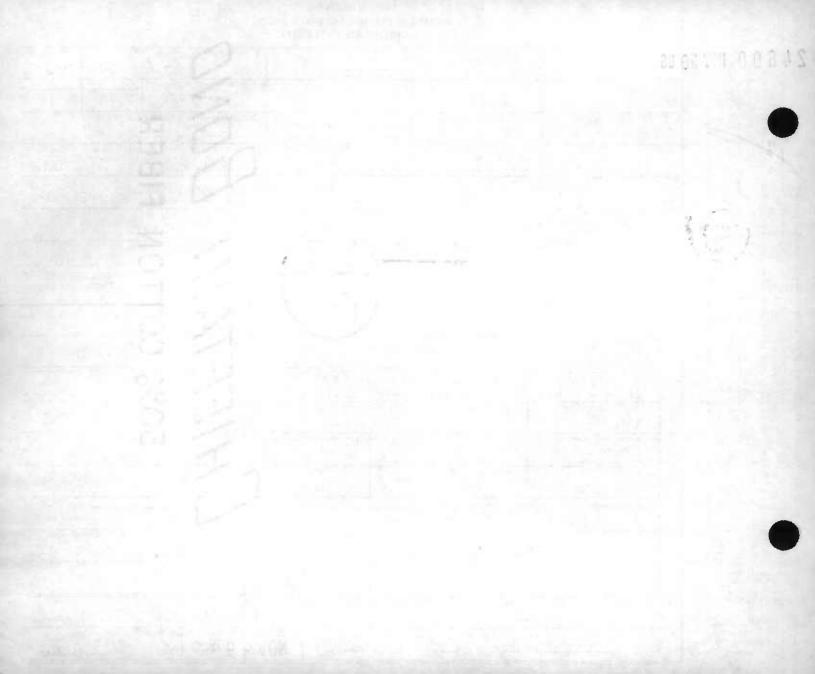
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o ω±		EORPRINT)	MIDDLE	_	1	0-1 2>
4 moy be tar. page 3 after death		Brand		SCHISSLER	11/21/	Q 17.1M
ffer p	3. SE	X 4. F	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		M	while	11/18/86.	2 days YR	s
I direction of the control of the co		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	** MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
ter death. P	6	ISA/Manyland)	1 U-S. A	WIDOWED DIVORCED	BALTIMORE C	17Y MC
oy the for	10. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	126 KIND OF BUSINESS OR
S of	R	BALTIMORES / E	PANCIS SCOT	100 1. 1. 1.	(TYPE OF WORK FOR MOST OF WORKIN	G (IFE) - INDUSTRY
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mpletely filled and 2 should be examiner hust	130.	Md Vtal-	13L ETY OR TO	WN 13d. INSIDE CITY LIMITS?	32.STREET ADDRESS / ZIP CO	21014
thin thin	14 F	ATHER'S NAME	01010101	15 MOTHER'S MAIDEN NA	AME	
ed with		FIRST MIDE		FIRST	WIDDLE	Purcell
5 0 20 -	160	David Joh WAS DECEASED EVER IN U.S. ARMEI			h Marianne ADDRESS	21014
n ond co		YES, NO OR UNKNOWN) (IF YES, GIVE WA			aigalom D. O. Borr	
rs. p	-				nissler P.O.Box	
oth certificate be ending physician corbon papers. Find or removal.		18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B'	ne couse per line for (o), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph ph ph emo		IMMEDIATE C	(/ // , . /	in Kenfinalay	Ameri-	
or r or b			DUE TO, OR AS A CONSEQ	LIENCE OF		
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by t by t ase I, cre athe		underlying couse lost.	0	Ollyppails PIE,	Pap malwili	
es the		PART 2. OTHER SIGNIFICANT CON		DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART 110
in i	N N		Parouno 8011	Loneum.		0.00
600	¥	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
0 N 1 N 7	CERTIFICATION				IN CEF	RTIFYING CAUSES OF DEATH?
9	E	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71, HOW INHIPY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM	YES NO
A P S S S S S S S S S S S S S S S S S S		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	LKED (ENTER NATURE OF INJURY IN HEM	18 PART 1 OR PART 2)
U _ E 5 5	₫	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
After the as the norked	1	AT WORK NOT WHILE			10	0
OOF		22a.l certify that (I) (this hospital)	ottended the deceased from	11 10 19		o, 19, that (I) (we) lost
OR ATTEN e hospital DIRECTOR: oched far us Dept. of He		sow the deceased alive on	11/21/860 18		death occurred on the dole and I	nour and from the causes stated
hosp All hosp all hosp all hosp thed feed feed feed feed feed feed feed f		obove, (I) (we) (did) (did not) vi 22b. SIGNATURE	ew the body offer death.	DEGREE		22c. DATE SIGNED
y the hosy the hosy RAL DIREC detached tote Dept.	1	11.0408012		ATTENDING .	MEDICAL STAFF	11/2/1/21
RAIL del		100 tra 1000		M. D PHYSICIAN [DIRECTOR PHYSICIAN	11/21/8/86
HOSPITAL med by the FUNERAL UID be determine Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PRI	NT)	220 ADDRESS 4948	o foculein AUP.	
0 - 0 - 0		12077 APACCI		BACTIL	ORE UD 21	224.
Of Ode M	23a	BURIAL, CREMATION, REMOVAL 2	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY) Burial	11-24-86	Bel Air Memorial	CITY OR TOWN	Harford. Md.
	24 F	UNERAL DIRECTOR	740		TE REC'D. BY REGISTRAR 25b. REG	
DHMH - 16 60M 7/84 (VRA 15, 4)	112	NAME CO. M. I		10. Mp. 2123411	25 1486 1 A	14 30 0
(VKM 13, 4)	1	issahu runeral	Hame 20 HT	TO MO TO TO TO	S J 1000, Gulle Dec	All the state of t



	1-	STATE REGISTRAR		DEPART		CATE OF DEATH	GIENE REG. N	O		
4 6.0 Q NOV 20		CEASED NAME FIRST (OR PRINT)	DT.	S,		KST HLEIDER	20. DATE OF DEATH	MONTH DAY	SEAR SE	26 HOUR 2025 M
Ter. po	3. SE		4. RACE WHI	re	5. DATE O		6. AGE (IN YEARS LAST BH		UNDER I YEAR	F UNDER 24 HRS
0		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O		FDEATH	MD.
# 1144		AT TIMORE		HOSPITAL, NURSING PROPERTY OF THE PROPERTY OF	ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW	ION	INDLISTRY	F BUSINESS OR
24 hours filled in the ould be must be	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO ARYLAND	OR OTHER INSTITUTION		E ADMISSION)	13d INSIDECITY LIMITS?	13. STREET ADDRESS 62 OLMSTE	AD GREE	N #2	21210
MARYLA ed within mpletely and 2 sh	14. FA	DAVID	MIDDLE SA	VADOW LAST		15. MOTHER'S MAIDEN N.	AME	SWARTZ	LAST	
on ond co Poges I	16a V	VAS DECEASED EVER IN U.S. XES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	315-03	5005B	17 INFORMANT HEN 62 OLMSTEAD		IDER LTO., M	D 2]	1210
BALI cote to spers vol. t, the	-	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	r line for (o), (b), or	id (C)	^		7	APPROXI BETWEEN C	MATE INTERVAL
that the death that the death d by the ottenc lease remove cc iol, cremotion, or		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C	PR AS A CONSEQU	ence of			8		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 ING PHYSICIAN: The low requires that the death certificate be executed within 24 his retificated physician. When this certificate has been signed by the ottending physician and completely filled os the buriol-transit permit. Then please remove carbanappers. Pages 1 and 2 should but and Memal Hygiene prior to buriol, cremotion, or removal. Onked or them 18 show ony injury, or other traumatic event, the medical segmentment.	CERTIFICATION	PART 2. OTHER SIGNIFICAN Diabetes M 19a Date Of OPERATION	ullities,	Winary	traci	NOT RELATED TO THE TER LINES OF THE TER	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	GS USED OF DEATH?
OF VITAL CLIAN; The 3 physicion ertificate h ol-tronsit p ol-tronsit p em 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	YES [I OR PART 2)	но 🗌
NUISION VG PHYS ottending iter this of sthe burn h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ATTENDITION Spitol or CTOR. As I for use of Heolt is mo		220.1 certify that (I (this has sow the deceased alive above, (I) (we) (did) (did)	11-16	5-86 10		d that in (my) (our) opinion	, to, to n death occurred on the d	ote and haur or		that (I) we lost couses stated
TAL OR yy the hoy the hoge RAL DIRE detoched fore Dept tote Dept		22b. SIGNATURE	alding h	(1)	C	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE :	
O HOSPITAL etoined by the TO FUNERAL should be det with the Store			LDING			1	nevial Hospi	41		
BP	I	BURIAL BURIAL	NOV.1	8,1986 B	ETH TH		BALTIM		MAR	
DHMH - 16 60M 7/B4 (VRA 15.4)		jneral director S 6010 REISTERST		SON &BROS BALTOS,		21215 250. DA	OV 4 9 1986	1	R'S SIGNATI	

(VRA 15, 4)

STATE OF MARYLAND



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1			STATE OF MARYLAND	80 0	1 1	Ca I			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
			CERTIFICATE OF DEATH	REG. NO.					
	OR PRINT)	1	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
	Olive	r C.	Schubert	11	7 86	10 30 AM			
3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS			
	Male	White		82 VPS	MONTHS DAYS	HOURS MIN,			
		76 CITIZEN OF WHAT COUN	ITRY? B.		Y OF DEATH				
	Maryland	USA	WIDOWED DIVORCED	BALTO. City		MD.			
10. C	TY OR TOWN OF DEATH			120. USUAL OCCUPATION		OF BUSINESS OR			
		Dukeland	Nsq. Home	Chauffeur.		eral home			
13a.				13. STREET ADDRESS / ZIP COD					
	Md V	Balto	YES NO 🔀	11 2 '	40 1 .	21236			
19 F		MIDDLE LAS							
1	William		ubert Louise	MIDDEC	0	liver			
				ADDRESS SY	Kesulle	# 21784			
	NO	61 /4	.0-6473 Charles Sch	ubert 6213	W. Hen	Noek Drive			
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (0), (bi, and (ci.)		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH			
			unal Carcinon	ra of duno					
		DUE TO OR AS A CONS	SEQUENCE OF						
	Conditions, if any, which	(b)		0					
	gave rise to immediate cause (a), stating the	DUE TO OR AS A CONS	SEQUENCE OF						
	underlying cause last.	(c)							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	EN IN PART 1	a ·			
∑									
₹ 5	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDIN	NGS USED			
] ∄						NO [
Ü			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	N-ATLED S			
₹		(11)	19						
i i	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OF TOWN	COUNTY	STATE			
>	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, O	PRICE, PARM, EIC)	CITY OK TOWN		STATE			
10	22a.l certify that (1) (this haspi	tal) attended/the deceosed f	rom_/0/21/1986	, to	19 87	that (I) (we) last			
	saw the deceased alive an above, (1) (we) (did) (did no	t) view the Mady after death	.19, and that in (my) (our) apinian	death accurred an the date and hou	ii and fram the	causes stated			
	22b. SIGNATURE	61	DEGREE		22c. DATE	SIGNED			
	(hugh	1 /Celie	M) ATTENDING PHYSICIAN	MEDICAL STAFF	11-5	8-86			
1		- /	22e ADDRESS	<i>i</i>	1	700			
	MOGES (SEBREMAR	1AN 4115 W	Ukins (we		21229			
23a. B	URIAL CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION					
	SPE Cremation	11/10/86		Balltimore	COUNTY	Md ··			
24 FU	INERAL DIRECTOR		MIN (\$). DAT	DEC GO EGISTRARISM REGIS	RARSS TOA	040			
1	Mitchell-Wiedef	eld 6500	York Rd.	2 NOW 0	1	1			
	3. SE 3. BB 3. SE 3. SE 3. BB 3. SE	3. SEX Male 10. BIRTHPLACE (STATE OR FOREIGN Maryland 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING IN 130. STATE May 110. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GN NO 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF CONTRIBUTING CAUSE OF DEATH (IF HEITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK 22d. I certify that (I) (this hasping saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (PPE O MOGES) 23d. BURIAL, CREMATION, REMOVAL ISPECT PEMALE ON THE CONTRIBUTION (ISPECT PEMALE) 22d. FUNERAL DIRECTOR	1. DECEASED NAME (TYPE OR PRINT) 3. SEX Male Male Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE JUKELAND 13. STATE SULL RESIDENCE (IF NURSING TO OTHER INSTITUTION, GIVE RESIDENCE 130. STATE WILLIAM 16. CITY OR TOWN OF DEATH 17. NAME SULL RESIDENCE (IF NURSING TO OTHER INSTITUTION, GIVE RESIDENCE 17. OTHER SIGNIFICANT 18. CAUSE OF DEATH (Enter only one cause per line for 10), (IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one cause per line for 10), (IF YES, GIVE WAR OR DATES) 19. DUE TO, OR AS A CONS Conditions, if any, which gover rise to immediate cause (a), stating the underlying cause lost. Conditions, if any, which (IF YES, GIVE WAR OR DATES) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 210. CETTIFY that (I) (this hospital) attended/ the deceased of sow the deceased alive an obove, (I) (we) (did) (did not) view the Body of the death. 220. I certify that (I) (this hospital) 221. PHACE OF INJURY AT WORK 222. I certify that (I) (this hospital) attended/ the deceased of sow the deceased alive an obove, (I) (we) (did) (did not) view the Body of the death. 222. SIGNATURE 223. BURIAL, CREMATION, REMOVAL 136. STATE 11/10/86	DEPARTMENT OF HEALTH AND MENTAL HYDRETTERM DEFORMENT OF HEALTH AND MENTAL HYDRETTERM CERTIFICATE OF DEATH (THE COR PENAL) J. SEX Male A. RACE J. DATE OF BRITH MONTH DAY J. LAST A. RACE J. DATE OF BRITH MONTH DAY J. LAST J. LAST	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (TWI CO SPINAL) DIVER C. SCHWEAT 1. SEX Male Male Mitte JE DATE OF DEATH MARKED NOTH THAN A AGE (INVIANSIAN) BRIDGAN FE BIRTHPLACE (INVIA) COPPORED NAME (TWO RTOWN OF DEATH THE GOODNING) BE CITY OR TOWN OF DEATH THE GOODNING OF CONSET PROJECTION (MARKED AND A CONSEQUENCE OF CONSET AND AND A CONSEQUENCE OF	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. L DECEASED NAME (INVOCKROL) OILVEY C. SCHUBERT S. DATE OF BRITH MODIN ON VIA B. AGE (ENVERSIAST BRITICAT) TO 14 B. AGE (ENVERSIAST BRITICAT) TO 14 B. AGE (ENVERSIAST BRITICAT) TO 14 B. AGE (ENVERSIAST BRITICAT) TO 15 B.			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		C	EKTIFICAT	E OF DEATH	REG. N	0.		
(TYPE	CEASED NAME FIRST Robe	++		chule		2a. DATE OF DEATH		YEAR 86	25 HOUR 2:19 AM
1. SE	M	4. RACE	5.1	DATE OF BIRT	1 DAY YEAR 22 - 02	6. AGE IN YEARS LAST BIR	THDAY) IF U MON YRS	THS DAYS	IF UNDER 24 HRS. HOURS MIN.
N	RTHPLACE STATE OR FOREIGN COUNTRY)	U.	5. A. Iw	DOWED'	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	_	DEATH	MD.
	BALTO.	FRANCI		(EY H	OSPITAL	120 USUAL OCCUPATION OF COMPANIES OF WORK FOR MOST COMPANIES OF COMPAN		INDUSTRY	ACTOR
130 5	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADM	13d II	NO 🗆		ZIP CODE	AY	21213
	ATHER'S NAME FIRST JOHN N		HULER			AY NISSLE	ER	LAS	51
	h	WE WAR OR DATES)	217-09-57	1/41	. John L. Mal	houshi-16	572 Kir	kur	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per D BY: TE CAUSE (a)	line for (a), (b), and ic	pira	tong Ame	18		APPROX BETWEEN	ONSET AND DEATH
- 3	Canditians, if any, which gave rise to immediate	DUE TO, O	RASACONSEQUENCE		Pulmanan	Diserse		30)yrs
3	cause (a), stating the underlying cause last.	DUE TO, O	RAS A CONSEQUENCE	e He	art Failu	re		10	yre
NOL	PART 2. OTHER SIGNIFICANT (on Can	ncer			INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH OPE			200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	NGS USED S OF DEATH? NO
145.00	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DAY	YEAR 19	HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM,		OCATION STREET	CITY OR TO	wN	COUNTY	STATE
3	22a. I certify that (I) (this haspe saw the deceased alive an abave, (I) (we) (did) (did no	11/	24 19 86	_, and that		death accurred on the de	/24 , 19_ ate and haur an		that (1) (we) last causes stated
	22b. SIGNATURE	Saly	m	- ()	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN X	22c. DATE	SIGNED 24/86
	22d. PHYSICIAN'S NAME (TYPE O	Study		22e.	rancis Sa	of ten "	neclical	Cute	- Blt. Mil
	BURIAL, CREMATION, REMOVAL		-		RY OR CREMATORY	1 01200	· MD.	OUNTY	STATE
119	UNERAL DIRECTOR	- 75	27 Har	and 9	NO NO	V 25 1986	25b. REGISTRAF	S SIGNAT	Kadres

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895 NOV	14	O PATE	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE	0 1 7 14
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
moy be good a decorp			RGARET	SCHULTZ	11	11 86 9:40 1
ao de	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR
ge 4 m sctor. p	10.00	Female	White	1 26 1904	82 y	RS. MONTHS DAYS HOURS MIN
Pod Pon		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COL	
nerol na 72		Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE	City
of the formathing of the forma	BALTIMORE CITY BUSUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO Md. 14. FATHER'S NAME FIRST Alex			SING HOME OR OTHER INSTITUTION EET ADDRESS! ORIAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Accountant	12b. KIND OF BUSINESS C
hin 24 hours ify filled in b should be fi			OR OTHER INSTITUTION GIVE RESIDENCE BEF UNITY 131. CITY OR TO Baltimo	OWN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE 71717
ond 2			Schultz Schultz	Anna	WIDDIE	LAST
ogest ogest		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST		ADDRESS	
000	1	mo	216-05-	-8260 Stanley Sc	hultz 4541 Fit	tch Ave.
5 5 5 5 5 5 5 5	1	Conditions, if any, which gove rise to immediate	(b) CVA	DUENCE OF		
tow requires that the de- an been signed by the ord rimit. Then please remove is prior to bursol cremalia is any injury, or other trop	ICATION	gove rise to immediate couse (a), stating the underlying couse lost.			20a AUTOPSY? - 20b. I	N GIVEN IN PART 110 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
The four equirin that the de- cion. In this break signed by the off- ary primit. Then please removing- given prior to build, cereally blows ony injury, or other treat.	RTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	QUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. I YES NO IN CI	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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TALOR ATENDING PHYSICIAN The low requires that the de- yr the hospital or attending physician. ALD DESCRIPE, After this certificate has been signed by the oft detached for use as the bundingant permit. Then please semply face Degit of Heselith and Miental Hygiene prior to bund. Certificate NT. If New 21 is marked or hern 18 shows only injury, or other trap.	1 7	gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF DIFFERENC	CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE CONTRIBUTION FOR WHICE CONTRIBUTION FOR CONTRIBUTION	DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 206. IN CI	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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-4 -40 T	1 7	gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this (has sow the deceased alive a above.) (1) (we laid) (did in 22b. SIGNAT 18)	CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE CONTRIBUTION FOR WHICE CONTRIBUTION FOR CONTRIBUTION	DUENCE OF O DEATH BUT NOT RELATED TO THE TER. CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO NO NO IN CITY OR TOWN CITY OR TOWN deoth occurred on the dote onc	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NAME OF DEATH? COUNTY STATE COUNTY STATE A hour and from the causes stated 22c. DATE SIGNED
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STATE OF MARYLAND

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GWYNNS FALLS PKWY, BALTO, MD, 21216

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					I DE	ASED NAME FIRST MIDDLE	R'S CERTIFICATE OF DEATH REG. NO. 10. DATE KNOWN TO MONTH OF ESTI-	DAY YEAR 26 HOUR
		ASE	SES E	,	-	Gerald EUGENE	Scott DEATH MATED []1	5 19 86 M
		RY, PLE	FOR YOUR FILES.	20	3. SEX	PALE BLACK 5. DATE OF BIRTH DAY YEAR LAST BIRTHDAY) 4/YRS.	IF UNDER 1 YR. IF UNDER 24 HRS. 76. DATE MONTH MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 11	5 19 86 2d HOUR 4:40P
4	•	NEBAL	SE SE	34			MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY VIDOWED DIVORCED BALTIMORE CI	4
100	-	N N	W B	2/	III, C	OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME, O	OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS
-	2/	EAY TO THE	N PAGE	16		altimore (F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Liberty Medical Cent	FOR MOST OF WORKING LIFE)	OR INDUSTRY
-	2120	AND 3	PETAIN FOULD B	35	13e. S	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 136. COUNTY 136. COUNTY	RE 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS WOODYER	R ST.
	RE, MD.	SEATH 2	AND 2	201	VE	HER'S NAME ERSTALD MIDDLE SCOTT	15. MOTHER'S MAIDEN NAME FIRST FIRST FIRST FIRST MIDDLE	LAST
	TTIMO	VE PAC	H FORM	1	16a. V	AS DECEASED EVER IN U.S. ARMED FORCES? NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-42-783.		REAL AVE
	I ST., #A	HOURS	35	Ne, Di		CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Contract of the cause of		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PRESTON ITHIN 24-1 CIL INTEAN VER ALGER ANSIT PER AL HYGER REMOVAL			DUE TO, OR AS A CONSEQUENCE OF				
	. >=4222	1	Canditions, if any, which gave rise to immediate (b) Alcoholism					
	, 201 W.	UTED V	EXAM RIAL-T	ON'O		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)		10/1
	RECORDS,	BE EXECUTED IN STATE OF THE PROPERTY OF THE PR	EDICAL S A BU	REMAT	NO	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL	. DISEASE DR CONDITION GIVEN IN PART 1 10	
	VITAL RE	HOULD PD "PF	USED A	RIAL, O	CERTIFICATION	98. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED?	20 AUTOPSY?
	OF	FICATE S	O THE O	SR TO BU	AL CERT	PIO EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PA	
	DIVISION	HIS CERT	AGE 3 SH), 21201 PRIC	MEDICAL		ZII. LOCATION STREET CITY OR TOWN COL	JNTY STATE
		WINER: T	CTOR: P	MARYLAND, 2		22e I certify that I took charge of the remains described above, held an	Autopsy X. Inspection , Inquiry , and in my op	pinian
		EXA	SHOULD (WAR		ACTUAL Weell	TITLE (SPECIFY)	11/6/86
		MEDICAL CLITE THE	NERA	NOR T		XAMINER'S NAME 115 115 - 12 Page M. D.		
		N O WE	PAGE 4 SHOUL	A P	22.5	TYPE OR PRINT) WIII FAIT M. Zane, M.D.		to, Md.
	7/84	BP			(5	RIAL CREMATION REMOVAL 1236 DATE 236 NAME OF CEMET BURIAL 11-10-86 GARUS	IN FRONT NO BOTTOMOR MON	Y/ AND
2	5M	DI	HMH -		24. FI	NERAL DIRECTOR JAMES H. ADDRESS W. BACT	250. DATE REC'D. BY REGISTRAR 220 BGISTRARIS S NOV - 7 1986 Julia Davids	IGNATURE
		(AK	A15 ME	(2))	4	WINDING THE THE W. PACI	0. 3/. MUY / 1500 P	

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injury, or other traumatic event, th

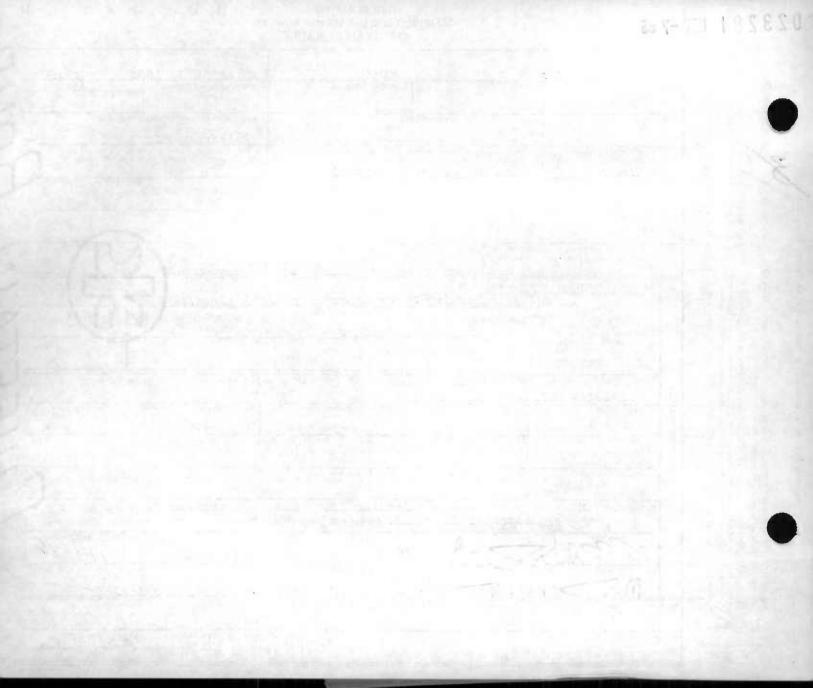
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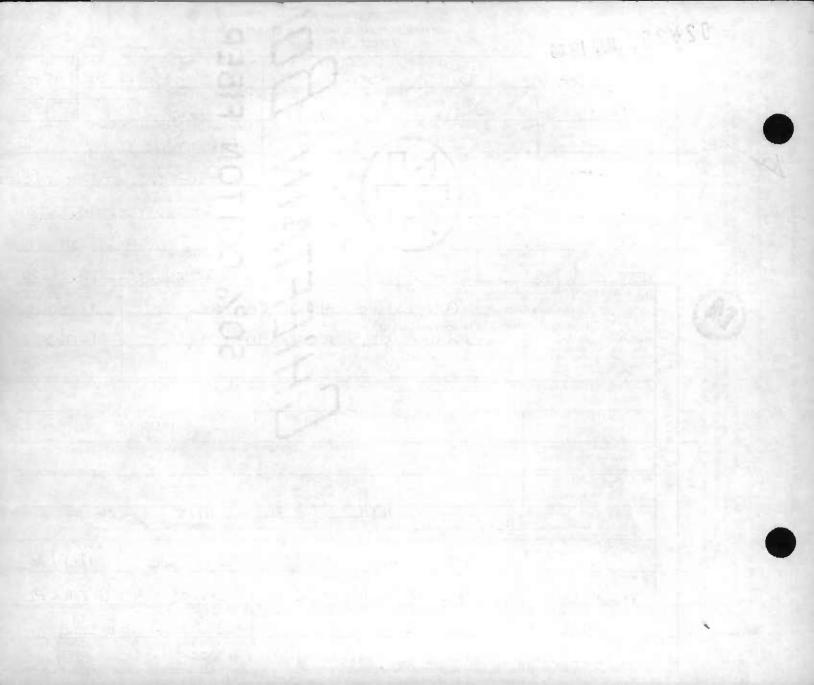
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATI	Н	REG. NO.			
	CEASED NAME	FIRST		WIDDLE	ſ	LAST			ONTH	DAY YEAR	26 HOUR
(1)11		TLLIAI	V		SCO	TT	3.31	NOVEMBER 3	. 19	86	7:00pm
3. SE	X		4. RACE		S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHE		IF UNDER I YEAR	IF UNDER 24 HRS
	female		black		MONTH 10		AR	58	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT					
	Md		USA		WIDOWE			Baltimore	Cit	u	MD
10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	NC	120 USUAL OCCUPATION	N	12b. KIND O	F BUSINESS OR
I	Baltimore			nd Genera		spital		(TITE OF WORK FOR MOST OF	PORKING	INDUSTRI	
13a. S	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE 130. STATE 136. COUNTY 136. CITY OR BATTIM					13d. INSIDE CITY LIM		13e STREET ADDRESS / 2			O/ Ant 1208
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	22b. SIGNATURE	· lus	1	-8	mil	DEGREE ATTENE		MEDICAL STAFF DIRECTOR PHYSICIA	.и 🗌	27c DATE	4/86
	22d PHYSICIAN'S NA	>:	WAW	7	10.			n d General H	losp	ital /	/
	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL				EMETERY OR CREMA	TORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
24.5			11/7/86	o lued	ar Hil	1 Cemetery		Anne Arunide		Co	Md
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DHMH - 16 60M 7/B4 (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE 00-22859 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN MONTH (TYPE OR PRINT) NOUR FILES.
NOUR HOURS SCOTT PATRICK SCOTT DEATH MATED 11-2-86 19 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 11-2-86 Dec. 1,1959 26 DEAD 2:44R 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TNEVER MARRIED Maryland □ Baltimore City U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Metal Fabricator University Hospital STU Maryland Carrol] 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Hampstead 4206 Ralph Ave 21074 NO K FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST James Scott Doris Robinson 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT USED AS A BURIAL - TRANSIT PERMIT. PAGES I OF HEALTH AND MENTAL HYGIENE, DIVISION RIAL, CREMATION, OR REMOVAL. 218-70-7530 Mrs. Kathy L. Scott Same as #13e 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Multiple injuries IMMEDIATE CAUSE (o)-DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEN OF UNIERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BATTIMORE, MARINAND 21201 PRIOR TO BURINA NOX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 3:20AM 10-31-86 UNDERLYING driver of an auto/fixedobject impact CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) BlackRockRd. 3/10ml Ba WHILE AT WORK hawy. Baltimore Co., Md. 22a. I certify that I took charge of the remains described above, held on death resulted from: Natural cous Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 11-3-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Burial 11-6-86 Moreland Mem. Park Baltimore, Maryland 07/84 BP 25M 256. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Md. (VR A15 ME (5))

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BALTIMORE, MARYLAND 2120 OTE Expression of thin 24 hours TRUNG LING Completely filled in B Open Page 1 hours It, the medical expression must be a It, the medical expression must be a		VAS DECEASED EVER IN U.S. AF	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT NG PHYSICIAN: The law requires that the death concern fret this certificate has been signed by the attending of the order os the burial-transit permit. Then please remove carbin complete the and Mental Hygiene prior to burial, cremotian, ar term orked ar tem 18 shows any injury, or other traumatic event, the	No	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE (0) CANDID PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF (b) CARDINATION 2° METASTATIC GASTAGE DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
TALRECOR	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
TYSICIAN: The liding physician. Secretificate has build-transit per Mental Hygiene ar Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY ATH HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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		obove (I) (we) (did) (did no	of view the body ofter death.
the D to the D		226. SIGNATURE HOPP	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL retained by the TO FUNERAL should be detained by with the Store		32d. PHYSICIAN'S NAME (TYPE)	HOPPER, UD DEATON HSP EMED CENTER; EMPLOYEN
BP		Burial, cremation, removal RTAL	236. DATE 11-29-86 EASTVIEW CEMETERY BALTTYMORE MD
		JNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 250. JEGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)]N	ARCH FUNERAL	HOME 1101 RE. NORTH AVE. NOV 26 1986 Julia Dicelor Conduction

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DHMH - 16 60M 7/84

(VRA 15, 4)

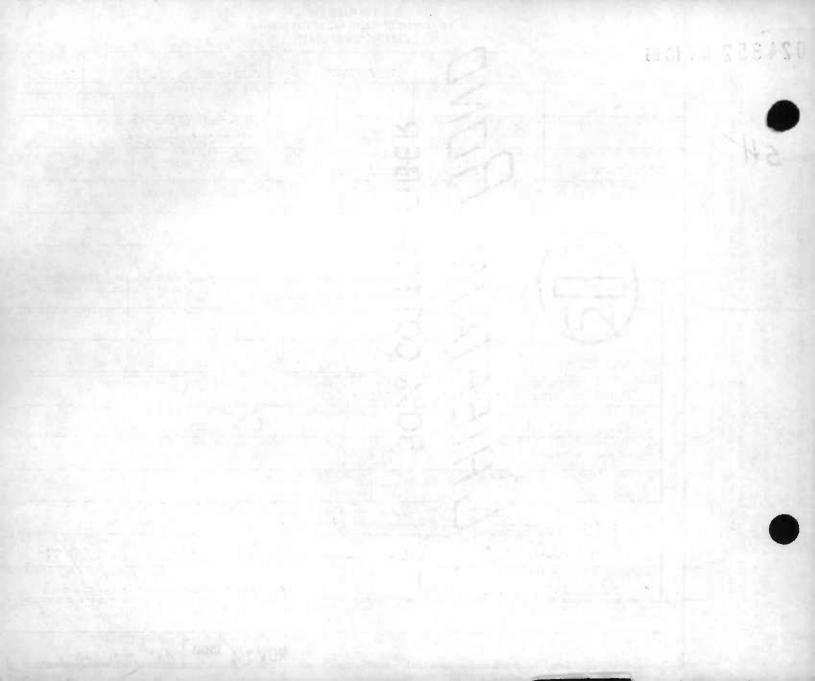
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

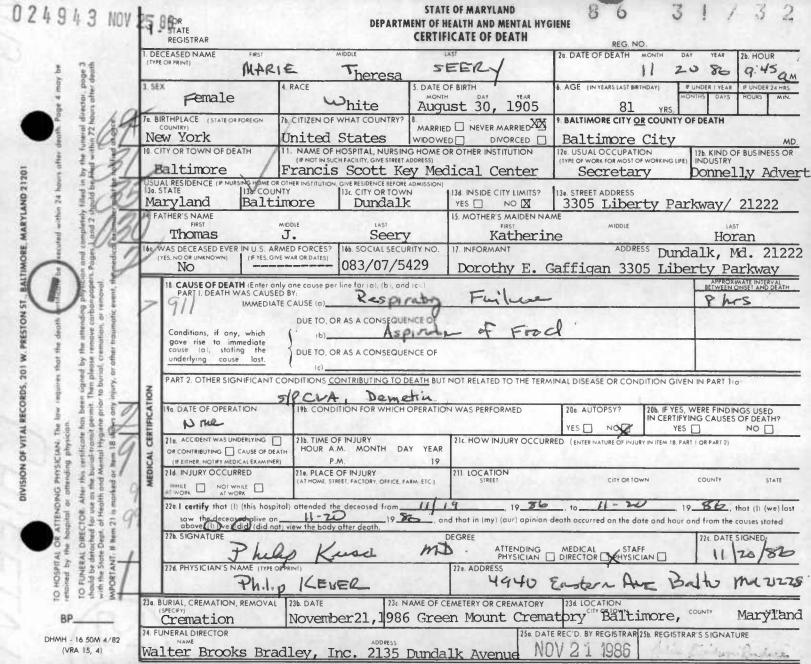
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	226 SIGNATURE	view	2		lu	PH	ENDING YSICIAN	MEDICAL STA		22c. DATE	1486		
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23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE 11/1			emetery or cri tional N		k 23d LOCATION	el Md	COUNTY	STATE		

THE FUNERAL DIRECTOR TO F/H 1101 E. Noisth Ave.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DOC

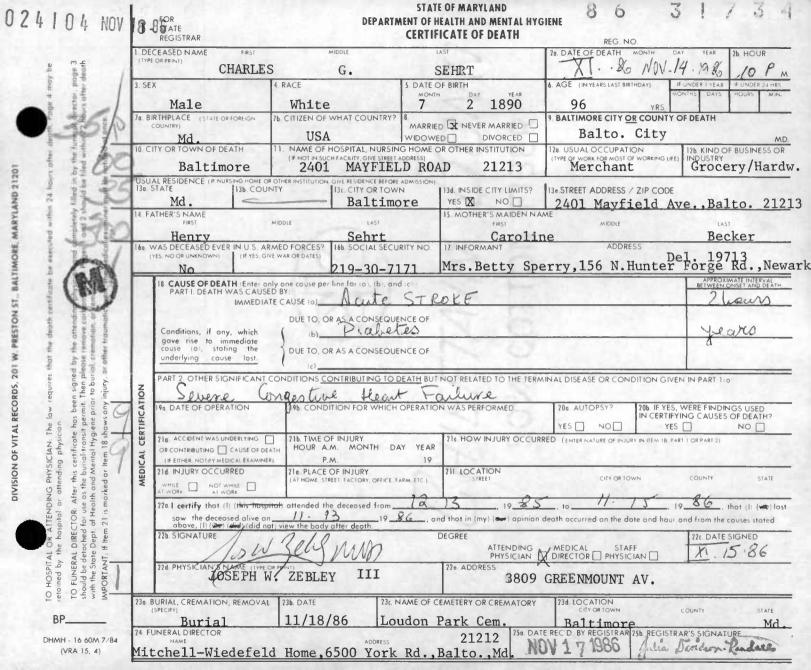


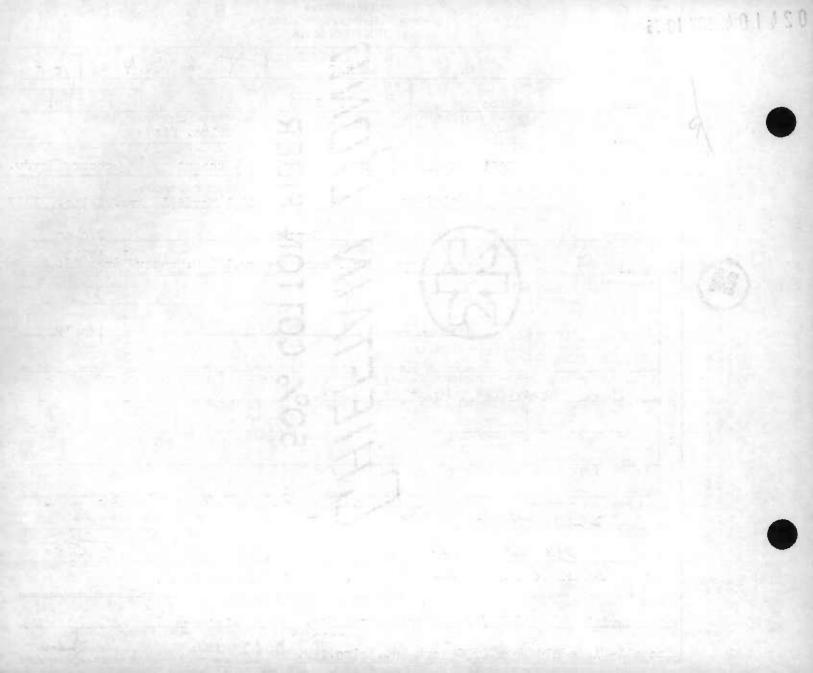


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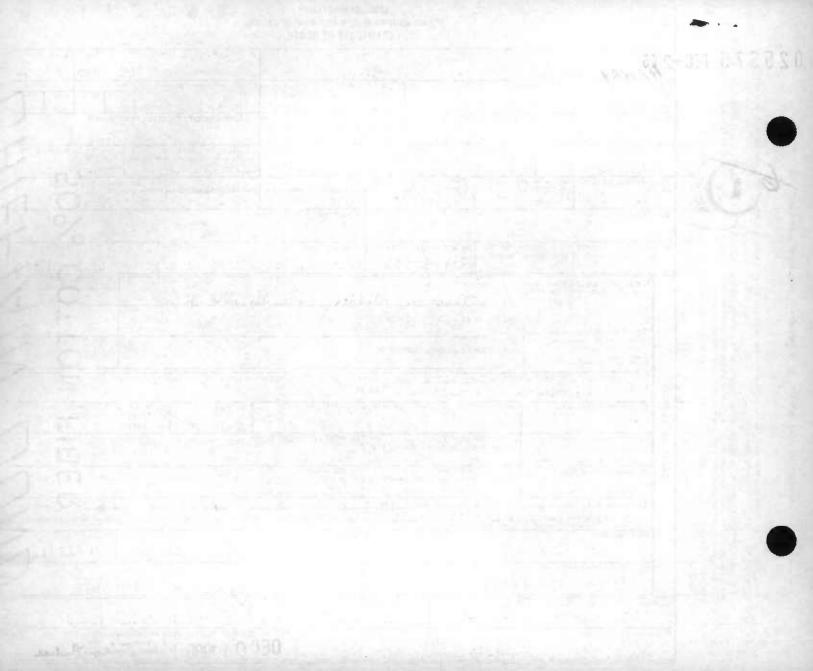
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pitol or JOR: A for use of Heol		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did (did no	tol) attended the deceased from 11 3 19 1) view the body after death.		death occurred on the date and hour	ond from the couses stated
the horner to DIRE		22b. SIGNATURE	Moest	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	11/3/86
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote MPORTANT.			SWERTSON 1	ND TOANS	HOPKINS H	OSPITAL
BPB	τ	URIAL, CREMATION, REMOVAL BURIAL	11-7-86 G	ARRISON FORKSTVI	A. BALTO Co	COUNTY MD
DHMH - 16 60M 7/84 (VRA 15, 4)	Je FU	SEPH L. Russ	2222 W. No.	RTH AVE NOV	te rec'd. by registrar 25b, registr. - 5 1986	AR'S SIGNATURE

123286 174-5 18 - Homer Committee A Carlotte of The Carlotte of Harling





		_	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT			3	1 /	3 3
20 5 5	7 ~	250	1~DE	GASED NAME FIRST	A	AIDDLE		AST		REG. No.	O. MONTH DA	Y YEAR	2b HOUR
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307	Dog -		3. SEX		1. RACE		5. DATE C		6.	AGE (IN YEARS LAST BIR	11 28	UNDER TYEAR	IF UNDER 24 HRS
ge 4	ectar, irs ofte		J. JL.	Mole	white		MONTH O 2	DAY Y	893	93		NTHS DAYS	HOURS MIN.
A :	10.2	26		RTHPLACE (STATE OR FOREIGN)	6 CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	D NEVER MARRI	ED 🗆 9.	BALTIMORE CITY O	R COUNTY C	FDEATH	
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= / of	4	15		ellimore		H FACILITY, GIVE		here to	(to USUAL OCCUPATI TYPE OF WORK FOR MOST OF ithographe	F WORKING LIFE)	126. KIND OF INDUSTRY Monume	BUSINESS OR
CI ON	3.)	26	USU/ 130. S	L RESIDENCE (IF NURSING HOME OR OTATE 13b. COUN	OTHER INSTITUTION,	GIVE RESIDENCE 13c. CITY OR Balti	TOWN	13d. INSIDE CITY LIV	MITS? 13	street Address /	ZIP CODE	Print	ing
MARYLA d withing	195	Ogmine)	14. FA	THER'S NAME FIRST	Unknown	LAS	ī	15. MOTHER'S MAIL	DEN NAME	nknown	LLy way	LAST	
RE.)	-	0	160. V	AS DECEASED EVER IN ILS APA	AED FORCES?		SECURITY NO.	17. INFORMANT		ADDRE	SS		21239
OW S	0 0	9	N	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	21403	35953	Edith E.	Seipp	-1516 Wave	erly Wa		
ALT te b	sicial per	ž.		18 CAUSE OF DEATH (Enter only	y one couse per	line for (o), (b	o), and (c),)						MATE INTERVAL DISET AND DEATH
T., B	phy	event, th		PART I. DEATH WAS CAUSED	Ó BY: E CAUSE (0)	Termi		dden ca	w the	and and an			months
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. MARYLA DIVISION OF VITAL BOW requires that the death certificate the essentited within	. c 0	or other troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, OF	R AS A CONS	SEQUENCE OF						
RDS, 2	n signe Then p	injury,	NOI	PART 2. OTHER SIGNIFICANT C		CONSULTING	200			ALDISEASE OR CON	DITION GIVE	N IN PART 10	
IL RECO	hos beer permit.	Auo smo	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	ITION FÖR W	HICH OPERATIO	N WAS PERFORMED)	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDING NG CAUSES (GS USED OF DEATH?
OF VITA		tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		M. MONTH	DAY YEAR	21¢ HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T (OR PART 2)	5 4
NOISION NG PHYS	attendin fter this os the build thond Me	orked ar 1	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (FFICE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
TTENDI	Spital ar CTOR: A far use of Healt	21 is mo		270 I certify that (I) (this hospit sow the deceased glive on above, (I) (we) (did)/(did not			000	nd that in (our)	8 C	to 17/98 ath occurred on the de	ote and hour o		hot (II)we) lost auses stoted
80	ha ched	Her.		22b. SIGNATURE	1		1.00	DEGREE				22c. DATE S	
A A	by the IERAL De deto State C	- - -		0	depur			ATTEN PHYSI	CIAN []	MEDICAL STAI	IAN	111/	28186
HOSPII	etoined by t TO FUNERAL shauld be det with the State	MPORTANT:		226. PHYSICIAN'S NAME (TYPE OF	MYATI			22e ADDRESS	4	Sumatik	in He	spital	
5	5 7 3	≥	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION		1	
100	BP		(CRemation	11-29-	86	Greenmo	unt Crema	tory	Balti	lmore, M	arylan	d
NL NL	MH - 16 60M	7/84		INERAL DIRECTOR		ADDI				EC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	
Jn.	(VRA 15 4)		7	ohn C Millow T	20 -6/1			1206	DEC	0 1 1096	asia N	corden &	la dans



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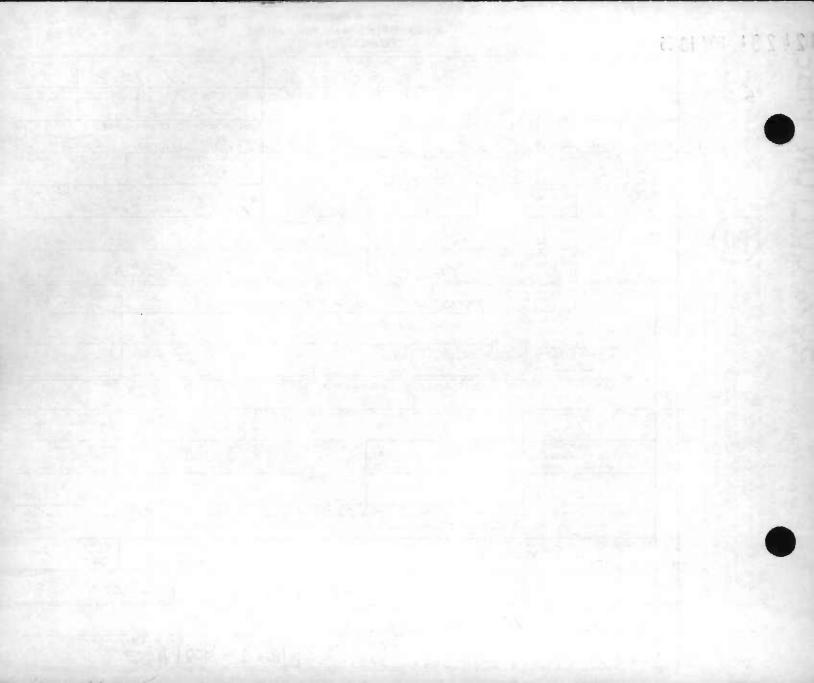
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8		FOR STATE REGISTRAR	DEPARTM		IEALTH AND MENTAL HYGI	ENE REG. NO			
		CEASED NAME FIRST OR PRINT) The LMA	WIDDIE	Se.	ssoms		MONTH DAY	YEAR 2b. HC	OUR M
	3. SEX	F	BLACK	5. DATE C		6 AGE IN YEARS LAST BIRT	THDAY) IF UNDE	RIYEAR IFUND	DER 24 HRS.
0	5	euboard, N.C.	LOSA	WIDOWE		BaLL	more	City	MD.
9		TY OR TOWN OF BEATH BALFO. AL RESIDENCE HE NURSING HOME OR O	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 3925 NOTAL STREET A STREE	ADDRESS]	Ave.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		USTRY BUSI	NESS OR
5	13a S	TATE 136 COUNT			13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS	ZIP CODE DRINAM	st	17
X) :	50hu L	Hatgtav	_	Camilla	MIDDLE		54Ke	5
1		VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE	WAR OR DATES) 214-26	RITY NO.	Chaude S	essoms.	3925 N	oHolk	-15-
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	3	APPROXIMATE IN SETWEEN ONSET A	MD DEATH				
	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN IN I	PART 1co	
9	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (ATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	11b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEÁR 19	21c HOW INJURY OCCURRI		Y IN ITEM 18 PART 1 OR	PART 2)	
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F)	ARM, ETC }	211 LOCATION STREET	CITY OR TO	wn co	UNIY	STATE
		270.1 certify that (I) (this hospital saw the deceased alive on above, (I) (was (did not))	10-3-86 19		nd that in (my) (on) opinion d	eoth occurred on the do		rom the couses	
		22b. SIGNATURE	resely	m		MEDICAL STAF	F _	DATE SIGNE	6
1		27d. PHYSICIAN'S NAME (TYPEOR	GRMUSY		900 Porton	Ave B	ets. n	11/21	229
	(BURIAL CREMATION, REMOVAL	11/15/86 C	edan	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN		STATE
	24 FL	Seff Miller	Funeral Serv	, 21	215 NOV	7 1 4 1986	256 PEGISTRAPS	SIGNATURA	dass.



23728 NOV 1	_	FOR STATE REGISTRAR		MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	31/3/
oy be deoth		CEASED NAME FIRST	MIDDLE	31	ewand	20. DATE OF DEATH MONTH	6.1986 11500m
moy er de	3. SE	×	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	FUNDER I YEAR IF UNDER 24 HRS
rector urs off	øF	emale /	White	MONTH 7	2 1896		MONTHS DAYS HOURS MIN.
oth. Po	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
8 5 5	10 C	Md TY OR TOWN OF DEATH	II.S.A. 11. NAME OF HOSPITAL, NURSI	WIDOWE		120 USUAL OCCUPATION	MD.
lied the second		CITY	(IF NOT IN SUCH FACILITY, GIVE STREET		tal	TYPE OF WORK FOR MOST OF WORK Housewife	
N 2 2 27	USU 13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?		CODE Balto., Md.
AN S		Md Balt			YES NO NO	903 Prestwo	od Rd. #21228
With with	H. F	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE	LAST
W 5 6 /320	1	Samuel	Marsh		Sophia		Morse
BALTIMORE, MARYLAND rote be executed within 24 ssicion and completely filled opers. Pages and 2 shauld wol. it, the medical examinering		VAS DÉCEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		17. INFORMANT 903		RdBalto.,Md. #21228
cton cton		18 CANCE OF DEATH (Sales of	1219-10		John A. Se	eward, Jr.	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
			ly one cause per line far (a), (b), a D BY: E CAUSE (a) CONGE	STIVE	HEART !	FAILURE	BETWEEN ONSET AND GEATH
on so received the cerebra corbic cor		DUNKT SEV	DUE TO, OR AS A CONSEQU	JENCE OF			
he death or ne attendin emove cort mation, or r troumatic		Canditions, if ony, which gove rise to immediate	((b) E. C	761	SEPTICEM	IA	
W. Pu		cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF			
201 ned b pleas urial,		PART 2 OTHER SIGNIFICANT C	(c)	DEATH BUT	NOT PELATED TO THE TERM	LINIAL DISEASE OR CONDITIO	NI CIVEN IN DART 3
SDS, 7	Z	0-10	ME , DIABETES	MERCI		MINAL DISEASE OR CONDINO	N GIVEN IN PART TIO
prior prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH				IF YES, WERE FINDINGS USED
ALR ICCION.	TIE					YES NO	CERTIFYING CAUSES OF DEATH? YES NO
TYSICIAN: The liding physicion. Is certificate hos burial-transit per Mental Hygiene		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGHT A AL ALGERTAL C	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	M 18 PART I OR PART 2)
PHYSICI nding p his certicle burial- d Menta	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSICIAN: The low requires that the death certific rathending physicion. When this certificate has been signed by the attending plass the burial-transit permit. Then please remove carbang th and Mental Hygiene prior to burial, cremation, or removed at them 18 thows any injury, or other traumatic even	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
a se se		22a.1 certify that (1) (this hospit	tol) ottended the deceased fram.			, ta	, 19, that (I) (we) last
TTER Spirto CTON for of H		saw the deceased alive an abave, (1) (we) (did) (did na	t) view the bady after death.	, ar	nd that in (my) (aur) apınian	death accurred on the date on	d haur and fram the causes stated
AL OR ATTEN y the hospital AL DIRECTOR detached for u one Dept. of He		226 SIGNATURE	- 11		DEGREE	WEDICAL STATE	22c DATE SIGNED
		Dean J	. I spill no		ATTENDING PHYSICIAN [MEDICAL STAFF	11/6/86
O # 53 # 8		224 PHYSICIAN'S NAME (TYPEO	S- TIPPETT		27. ACM	Er Haroman	
M w the state of t		BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP		Burial			ne Park Ce	CITY OR TOWN	Balto. Md.
DHMH - 16 60M 7/84	24 F	Pruman Schwal			7. "	SEC'D BY REGISTRAS 256 R	EGISTRAR'S SIGNATURE
(VRA 15, 4)	L	LI WINGE DOILWEI	#21229		- N	8	

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	T. Pike	JAN CHIAR	teld to	Auto manet.

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STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND	MENTAL HYO DEATH	GIENE & O	NO.	1	1 1) 0	
	MOR	CEASED NAME FIRST		MIDDLE	1	LAST		20. DATE OF DEATH		DAY YEAR	2b HC	OUR	
4	A) HE	Lawrenc	е		Sewe	11		November 4, 1986					
	3. SEX		4. RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEA		DER 24 HRS	
		Male	B1.a	ck	MONTE	DAY	12	7),	YRS	MONTHS DAY	SHOUR	S MIN.	
1	10/91	HPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.			9 BALTIMORE CITY OR COUNTY OF DEATH					
1	/	C		USA	WIDOWE	D D	MARRIED	Baltim		ity		MD.	
	1	Baltimore	133	HOSPITAL, NURSING HEACHLITY, GIVE STREET 2 Aisqui	ith S		STITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST				NESS OR	
5	13o. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		134. CITY OR TOW Baltir	N	YES K	CITY LIMITS?		ZIP COD		2/3	202	
3	M FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME		10	LAST	196	
6	1	MAXIE		SEWELL		F	EDA			-			
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORM	ANT	ADD	RESS	2120	12		
		10	WAR OR DATES)	212105	947	ELIZA	BETH	SEWELL 13	32 41	SQUE		ιΠι	
The same of the same of	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(R AS A CONSEQUE		NOT RELATE	D TO THE TERM	AINAL DISEASE OR CO	NDITION GI	VEN IN PART	1(0)	Ó	
1	0		-										
	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	YES NO	IN CERTI	S, WERE FINI IFYING CAUS ES	DINGS US ES OF DE NO	ATH?	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2	?)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCAT		CITY OR	TOWN	COUNTY	IP	STATE	
		220.1 certify that (I) (this hasp	- Contract of the Contract of		86,0		19 <u>86</u>	death occurred on the	date and ha	19 86 ur and from t		-	
		226 SIGNATURE	zu La	moon		DEGREE	ATTENDING PHYSICIAN [MEDICAL ST	AFF ICIAN D	22c. DA	TE SIGNE	86	
1		224 PHYSICIAN'S NAME THE		1300)	22e ADDRE		5 HOPK	ins	100	PI	tal	
		BURIAL, CREMATION, REMOVA		0.0			CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY		STATE	
		BURIAL	11-7	-86 BA	ALTIM	IORE C	EM.	BALTO.			MD		
	24. FL	UNERAL DIRECTOR					25a. DA	TE REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGN	ATURE		

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detoched for use os the buriol-tronsit permit. Then in with the State Dept. of Health and Mental Hygiene prior to bur IMPORTANT: If Item 21 is morked or Item 18 staws ony

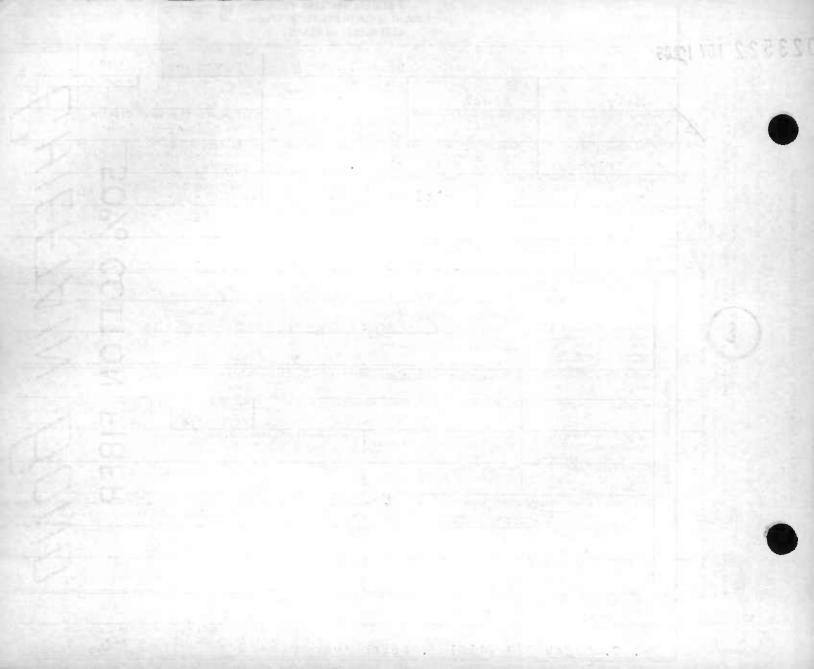
TO FUNERAL DIRECTOR: After this

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

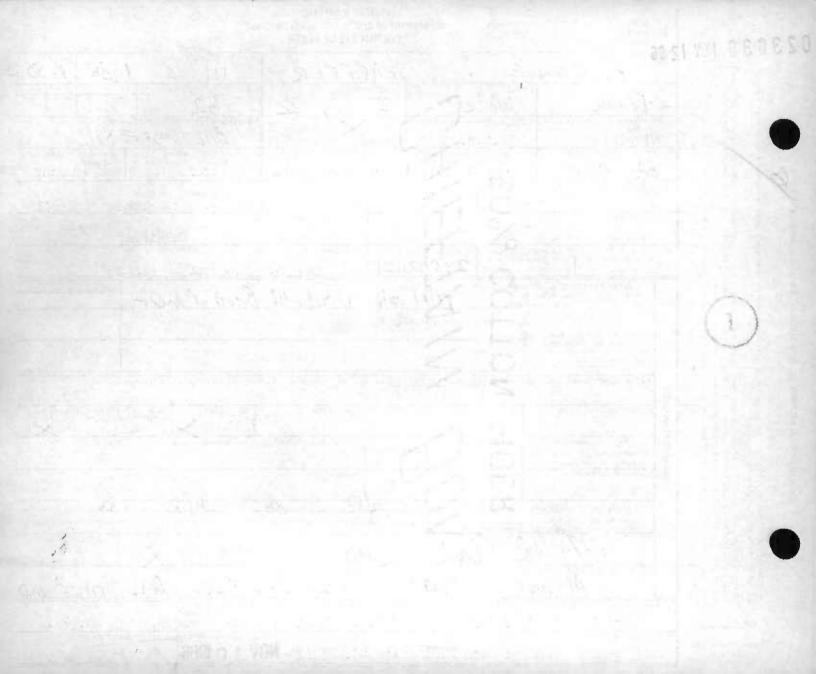
1101 E. North Ave. Wm. C. March F/H

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dia Dinder Randare



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OF PRINTS PENCE poge r 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF LINDER 24 HRS 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN NEVER MARRIED Virginia DIVORCED [WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE INDUSTR' Restaurant Waitress USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Baltimore 13e.STREET ADDRESS / ZIP CODE Md 215 W. 25th Street 21211 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE Dellinger Charles Hansberger Dysie BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT No William Shaeffer same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF otho underlying cause last. Py ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES NO 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (1) (this hospital) ottended the deceased fram saw the deceased olive on_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF uld be deta DIRECTOR PHYSICIAN PHYSICIAN [IMPORTANT: 22d PHYSICIAN'S NAM 22e ADDRESS with TO 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial New Freedom, York Co. Pa. 11/11/86 New Freedom Cemeterv 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Burgee-Henss Funeral Home 3631 Falls Rd. 21211 (VRA 15, 4)



DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

025033	104	FOR DEPARTMENT OF HEALTH AND MENTAL HYG	REG. NO	
Page 4 may be director, page 3	3. SE)	MAIL BIACK MONTH TO 48 RITHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8.	20 DATE OF DEATH 11 - 4 - 8 6 AGE INVEASS LAST BIRTH 3 8 9 BALTIMORE CITY OR	MONTHS DAYS HOURS MIN.
hours offer death	10:CI	MARRIED NEVER MARRIED WIDOWED DIVORCED	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N 128. KIND OF BUSINESS OR INDUSTRY
e executed within 24 n and completely till the Poges Trand 2 should medical exemple mo	160 V	THER'S NAME IS MOTHER'S MAIDEN NAI FIRST	ME MIDDLE MIDDLE ADDRESS	212/10
quires that the death certificate be signed by the attending physicia hen please remove carbon papers to buriel, cremation, ar removal.	No	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause lost. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Conditions of the immediate cause (a), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	Amest Amest	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH ITION GIVEN IN PART 110
CIAN: The low ret physician. rtificate has been ol-tronsit permit. It and Hygiene priort in all 8 showsony in all 8 showsony in	ICAL CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (1) ETHER NOTBY MEDICAL EXAMINER) P.M. 19	YES NO NO RED (ENTER NATURE OF INJURY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18 PART 1 OF PART 2)
TENDING PHYSI intol or ottending TOR: After this ce or use as the burn if Health and Mei	MEDIC	216 INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK STREET FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from 19.860, and that in (my) (our) apinion of 19.860, and that in (my) (our) apinion of 19.860.	CITY OR TOW	7 . 19 86 , that (I) (we) lost
TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached for with the State Dept. o with the State Dept.		Obove, (I) (wested d) (did not) view the body offer death. 278 SIGNATU DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFI	22c. DATE SIGNED
PP	24 FL	URIAL, CREMATION, REMOVAL 236. DATE 28 236. NAME OF CEMETERY OR CREMATORY INERAL DIRECTOR NAME 250 DAT	236 LOCATION CITY OR TOWN	COUNTY STATE

U Z 5 Z 7 3 NOV 2	1 - 5	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYP CATE OF DEATH	GIENE 8 6	3 1 / 4 1	
		ASED NAME FIRST	MIDDLE	V	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
oy be age 3 death	(TYPE OF		am	S	haper6	11 -	17-86 8:30 Am	
ctor, pa	3. SEX	nale	A RACE HITE	5. DATE O	F BIRTH!	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
1 4	7a. BIRT	HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	0 7870	9 BALTIMORE CITY OR COUN		
意	CO	Phila PA	US	WIDOWE	NEVER MARRIED	BALTIMORE CIT	Y MD.	
n/ 2013	10. CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION	126, KIND OF BUSINESS OR INDUSTRY	
21201 hopin	USUAL	RESIDENCE (IF NURSING HOME R	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	HOWIE	ISALESMAN	RETAIL	
ND 2	13a. ST/	Md III COUN	ITY CITY OR		136 INSIDE CITY LIMITS?		1215 Avenue	
ARYLAND Within 24 pleasily (II) d 2 to 10	14 FATE	HER'S NAME	MIDDLE LAST	+	15 MOTHER'S MAIDEN NA		IAST	
WA B	1	ISAAC	SHAPERO		LIBBY		PAPORT	
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ESTON		Conditions, if ony, which	(b)					
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S we will be seen to see the see the see the seen to see the s		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	
he low required to the low required to the low required to the low required to the low remains	CERTIFICATION	DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO	
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OR AT e hosp DIRECT ched fi Ched fi	12	2b. SIGNATURE	t) view the body after death.		DEGREE		22c. DATE SIGNED	
7 4 7 5 2 4		4,	Man	1554.00	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/17/82	
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7 s 1 s 8 s 1	23a. BU	RIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE	_
BP		BURIAL					MARYLAND	
DHMH - 16 50M 4/82 (VRA 15, 4)		NAME	ADDR	PF SS		NOV 25	Listrar's SIGNATURE	
ВР	24 FUN	BURIAL JERAL DIRECTOR SC	NOV.19,1986	AITZ C	HAIM C. 25a. DA	23d LOCATION CITY OF TOWN BALTIMORE JEREC'D BY REGISTRAR 25b. REC	MARYLAND STATE	T Perm
DHMH - 16 50M 4/B2 (VRA 15, 4)		10 REISTERSTOW	ADDR	PF SS	1215	NOV 25 1300		lace

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 6 3 1 7

REGISTRAR MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR 636 (TYPE OR PRINT) GEORGE H. SHAW 4. RACE 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) Male White TO 10 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland USA BALTIMORE CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY UNTON MEMORIAL HOSPITAL BALTIMORE Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13c CITY OR TOWN 3805 Roland Avenue Maryland Baltimore 21211 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Henderson Shaw Blanche Doxen Hughes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-03-1170 Susan Diehl 3805 Roland Avenue 21211 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 4 hrs IMMEDIATE CAUSE (a). Acuto And MJ DUF TO OR AS A CONSFOUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION N WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [710 ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 STATE AT WORK NOT WHILE 22a I certify that (1) (1999) saw the deceased alive un and that in (my) (point on death occurred an the date and haur and fram the causes stated 22h, SIGNAL EGREE 22c DATE SV ATTENDING MEDICAL STAFF 22e ADDRESS GREGORY WALKER UNION MEMORIAL HOSPITAL M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Baltimore Burial 11/6/86 Lorraine Park Cem. Maryland 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

3818 Roland Avenue 21211

DHMH - 16 60M 7/84 (VRA 15, 4)

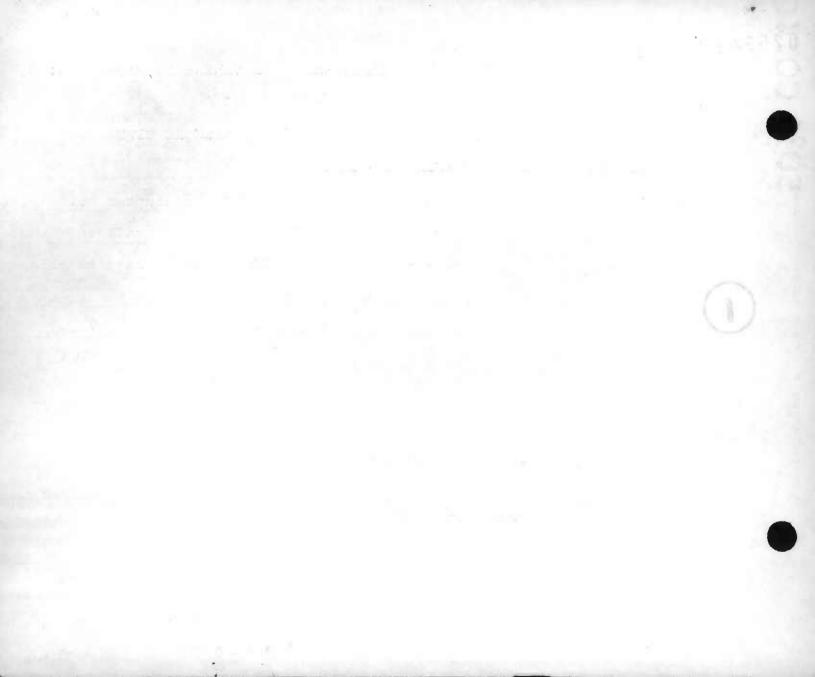
A. Alan Seitz, Jr.

should be deta with the State [IMPORTANT: If

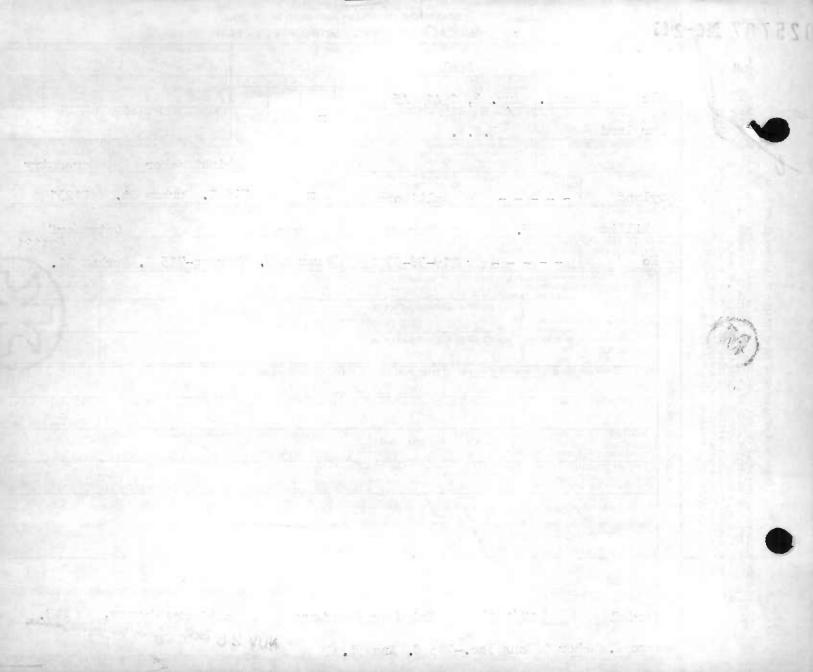
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	0011	LG	500	EASED NAME FIR	C7	MIDDLE	1	ASI	REG. N		AY YEAR	2b. HOUR
	e ω t			OR PRINT)				HAW	AL DATE OF DEATH			ZB. HOUR
	ay be	200			TAVIA				1/5		086	2-211 PM
	F E L		3. SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BI	_	ONTHS DAYS	IF UNDER 24 HRS
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	2 62 -	1/		RTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	1 /20 /			1. CAROLIN	A U.	SA.	WIDOWE		BAL	TIMORE	CIT	Y MD
	1 24 3	2	10. CI	TY OR TOWN OF DEATH				R OTHER INSTITUTION	120 USUAL OCCUPAT	NOI	12b. KIND OF	F BUSINESS OR
5 N	1 19 6	72	E	ALTIMORE	SINA	CH FACILITY, GIVE STREET.	ADDRESS]	BALTIMORE	(TYPE OF WORK FOR MOST		JA NI	1000
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9	24. A	26	200		COUNTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		2/4	6
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ARY	120	D~	3	FIRST	WIDDLE	LAST		FIRST	WIDDLE		LAS1	
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S. S.	1 25			FS. NO SRUNKNOWN) (#	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR	E55	1,1	# 2/2/
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SAL	at of a		100	18 CAUSE OF DEATH (Er	nter only one cause pe	r line for (a), (b), an	d to				BETWEEN	MATE INTERVAL
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PRE	2 2 2			gove rise to immedia	ote)		-	- 1/2/1/3/	1-111			
*	5 285	e l		underlying cause la		OR AS A CONSEQUE	NCEOF					
20)	# 500 h	ō	200	BART 2 OTHER SIGNIES	(c)	ONITRIBUTING TO	DE A THE DUIT	NOT RELATED TO THE TER	ANNUAL DISEASE OR CO.	IDITION ON		
08,	and of	100	8	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBOTING TO L	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	IDITION GIVE	N IN PAKE IIC	
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N N	0 . 5 . 7	7		N. DINIE OF GRENNING	178. 201.10		0.5	TO TEM OWNED		IN CERTIFY	ING CAUSES	OF DEATH?
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5	五章 50 mm	0	103 U.	OR CONTRIBUTING CAUSE		.M. MONTH DA	AY YEAR	THE HOW HAJORY OCCU	KKED (ENTER NATURE OF INJ	RY IN ITEM 18 PA	RT I OR PART 2)	
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Sio	£1 155.	0	WED	THE INJURY OCCURRED	LAT HOME ST	OF INJURY	ARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
2	京市 年 5日	9		AT WORK AT WORK		THE STATE OF THE S						
-	Par Valle	E	130	220.1 certify that (I) (this				2.17 1981	z . to	, ,		that (i) (we) last
-	世世 日本市	N.	20	saw the deceased all abave, (I) (we) (did) (ive an 11-3	Q 19_19_	56,00	d that in (my) (aur) apiniar	death accurred on the o	ate and have	and from the c	auses stated
	al Els.			226. SIGNATURE				DEGREE			22c. DATE S	SIGNED
	1 2 2 2 2 3			Charle	s - of car		10	D ATTENDING PHYSICIAN	MEDICAL STA		11.3	0.36
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	54 544	3	fin i	URIAL CREMATION REM			JAME OF C	EMETERY OR CREMATORY	1234 LOCATION			
	pp		6	INCE STATE OF THE	15/6/	26	1		CITY OR TOWN	0	COUNTY	STATE
	BP	2.5	24 E1	INERAL DIRECTOR	190/	00 111	1 A	Well -CM	1 0/0/4/19	XURAR	ADIC CICALIA	11/2/1
	DHMH - 16 60M 7	/84	29 11	NAME O INCLUDE	need 14	ADDRESS	-11	DAR STORE	TE REC'D. BY SEGISTRAF	Julia D	AKS SIGNAL	-daes
	(VRA 15, 4)	33	1	tills Fui	1) court 1/0	112	11816	117-61.00 UL) [0		-

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE 0 2.5.7 0 7 DEC -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO I. DECEASED NAME 20 DATE KNOWNXX MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED Paul 11-26 10 86 David Sherman & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 8:58 a. M Aug. 3, Male Caucasi. DEAD 11-26 1986 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED DIVORCED Baltimore City. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 126, KIND OF BUSINESS Cabinet maker Francis Scott Kev Medical Center Baltimore Carpentry WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 715 S. Durham St. 130. STATE 113b. COUNTY laryland Baltimore 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME LAST FIRST Ostendorf Sherman Anna 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 219-38-5882 Daranda W. Sherman-715 S. Durham St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACute Myocardial Infarct DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Arteriosclerotic Cardiovascular Disease gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Blunt trauma to head 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR ? P.M. 11-26 1986 subject struck head when he collapsed CONTRIBUTING XXAUSE OF DEATH 21e PLACE OF INJURY LATHOME 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE (BALTMORE MARY/AND/21/201 factory 5500 E. Lombard St., Baltimore, Maryland Autopsy XX 220 I certify that Using charge of the remains described above, held an Inspection An XX Natural courses 11-26-86 WW Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 21201 111 Penn St., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY Baltimore County, Burial Oak Lawn Cemetery 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SHOWN 24 FUNERAL DIRECTOR DHMH - 17 George A. Weber & Sons Inc .- 705 S. Ann St. (VR A15 ME (5))



023245 NOV-		FOR STATE DEGISTRAR			DEP		NT OF HI	OF MARYLAND EALTH AND MENTAL H CATE OF DEATH	YGIENE	8 b	3		4	3	
m.s	1. DE	CEASED NAME	FIRST		WIDDLE		LA	51	20 D	ATE OF DEATH	MONTH DA	AY YEAR	26 HOU!	RA	
may be page 3 ter death		DA	ANIEI	L			SI	EGEL		NOVEMBE	ER 2.	1986	4:	55 _M	
mo or. po	3/ SE	X .	1	4. RACE		5.	DATE O	F BIRTH DAY YEAR	6. AG	E (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS	24 HRS	
oge 4	MA	LE.		WHITE			MAY	13, 1906		80	YRS.	5.413	HOURS	Mus.	
P. Po		HPLACE (STATE OR FO	DREIGN 7	76. CITIZEN OF	WHAT COUN	VTRY? 8.	MARRIET	NEVER MARRIED	9 BA	TIMORE CITY O	R COUNTY O	OF DEATH			
deot uner		RYLAND		USZ		- W	VIDOWE	DIVORCED [BALTIN		CITY		MD.	
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AND 21	13a S M2	AL RESIDENCE (IF NURSIN	13P CORY	OTHER INSTITUTION	13 BATY P			13d. INSIDE CITY LIMES?	13e ST	REET ADDRESS	ZIP CODE LEEN RI	D. #2	1209		
MARYL red withi	14, FA	THER'S NAME FIRST CHAIM	W	AIDDLE	SIEGE				EIGA	WIDDIE		BOVOFS	KY		
Necol discol		VAS DECEASED EVER IN		MED FORCES?	16b. SOCIAL	SECURIT	Y NO.	17. INFORMANT MRS	. RU	H HIADA	SIEGE				
TIMC	NO			216-32-60			9	6801 MAURL	EEN F	EN RD. BALTO., MD			21209		
201 W. PRESTON ST., BA se that the death certificate ded by the attending physic site remove a propopage of all technologic behaved ded on the froumotic event, it		18 CAUSE OF DEATH PART I. DEATH WA L Canditians, if any, gave rise to imme	MMEDIATE which	E CAUSE (a)	or AS A CONS	Tar	o pu	rluonary	arre	12.		BETWEEN	2 no	III zk	
s that the ed by the light cream		cause (a), stating underlying cause	the last.	(c)_	R AS A CONS	phe	uu	onia	-			2	2 m	ouths	
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nos born ne prema de la composición del composición de la composic	IFIC	8/78/80		170 COND	/ A	7	EKATIOI	WASTERIORMED			IN CERTIFY	ING CAUSES	OF DEATH	H?	
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A STATE OF THE STA		OR CONTRIBUTING CA				H DAY	YEAR								
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D S T S T S T S T S T S T S T S T S T S		220.1 certify that (I) (al) attended th	ne deceased f	ram		24/86 19 8	6 10	H 2	- 10	86	that (I) (v	(e) last	
- 15 G T T T T T T T T T T T T T T T T T T		saw the deceased abave, (1) (we) (die	d alive an	N/Z		19 80	and, and	that in (my) (our) apinio	on death o	ccurred an the de	ite and hour	and fram the	causes sta	ted	
A No. of the Party		22b. SIGNATURE	or tole har	. /	difer death.		D	EGREE				22c. DATE	SIGNED		
A A A A A A A A A A A A A A A A A A A			1	1	de			ATTENDING PHYSICIAN		CTOR PHYSIC		11	121	86	
O HOSPIT Provided by Hould be Ample Share		22d. PHYSICIAN'S NAA	ME (TYPE)		60055			22e. ADDRESS 600		WOLFES	_	Hosp	-	1205	
25	23a B	URIAL, CREMATION, R	EMOVAL	23b DATE		23c. NAA	AE OF CE	METERY OR CREMATOR	Y 23d	LOCATION CITY OR TOWN		COBNTY	61	ATF	
BP		BURIAL		NOV.3,			I IS			BALTIMO		MAR		D.,	
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME O10 REISTER		OL LEVI N RD.	NSON &			NC. 1215	ATE REC'E	BY REGISTRAR	25b. REGISTR	AR'S SIGNAT		رالما	

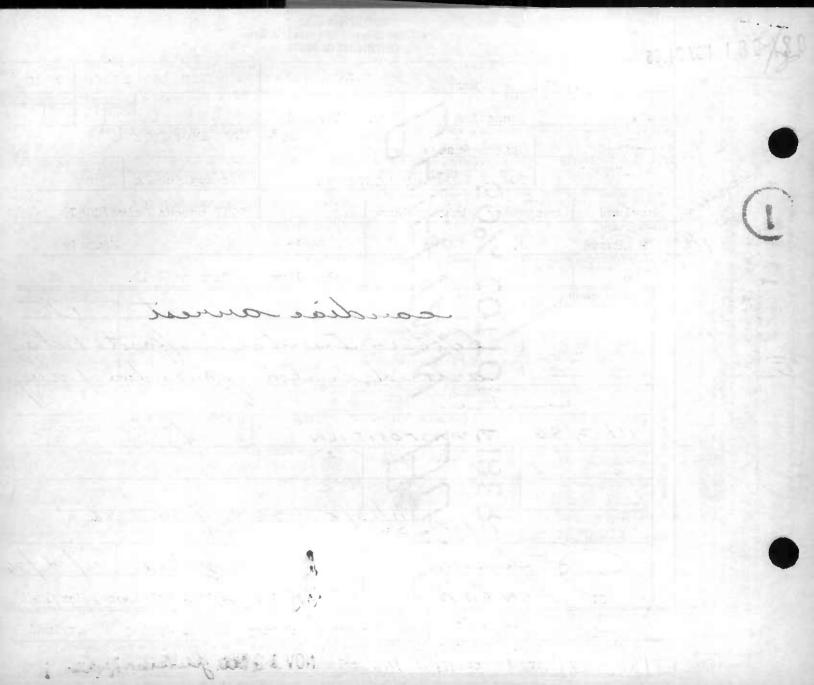
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

21	RI	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	٧٥.			
		EASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR ZA	
	(i i e e		chola	s J	ames	5	SILVA	NOVEMBER	14,	1986	7:20 M	
3	. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Male			Caucas	i an	Nov.	10,1986	0	VBC	0 4	HOURS MIN.	
	70. BIRTHPLACE (STATE OR FOREIGN				WHAT COUNTRY?	0		BALLINGRECHTO	OR COUN		1	
1	C	OUNTRY)				MARRIE	D NEVER MARRIED	BALTIMO	RE C	TTY		
- 11		aryland IY OR TOWN OF DEA	TH		States	WIDOWE	DR OTHER INSTITUTION	ME 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR				
4		ALTIMORE	1111	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS1		(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY		
1	1				HOPKINS		PITAL	Not appl:	icabl	e None	2	
Z i	30. S	L RESIDENCE (IF NURS	ING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CO	DE		
1	Ma	ryland	40.00	gomery	Gaithers		YES X NO	9717 Doc	ena D	rive/208	379	
214	FA	THER'S NAME	-				15. MOTHER'S MAIDEN NA		- 6.1			
15		Edward		J.	Silva		Emela	WIDDIE		Narar	า้า	
11	6e W	AS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDI	RESS		-3	
1	(()	ES, NO OR UNKNOWN)	(1F YES, GIV	VE WAR OR DATES)	None		Emela Silva	Same as	3			
F	_						Dineta biiva	Dame a	J 11 1		CIMATE INTERVAL	
П		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										
		IMMEDIATE CAUSE (a) condiare aurest thr.										
		DUE TO, OR AS A CONSEQUENCE OF										
		Canditions, if any, which										
		gave rise to immediate										
		cause (a), starting the DUE TO, OR AS A CONSTOUENCE OF										
1		underlying cause lost. (carlerial switch presenting I day										
Т		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAND BEASE OR CONDITION GIVEN IN PART 11a										
	CERTIFICATION		-	non	-			0			0	
7	¥	190 DATE OF OPERA	NOI	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? J20b. IF YES, WERE FINDINGS USED				
4	윤	11/13	196	7	20015	-000	T 1001	IN CERTIFYING CAUSES OF DEATH?				
	2	as accommon war one	ENIAMO E		RANSI	031		YES NO YES NO				
		OR CONTRIBUTING	_	21b. TIME C HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 11	B PART 1 OR PART 2)		
	₹	(IF EITHER NOTIFY MEDI			M.	19	12.57					
	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE			211 LOCATION	CITY OR I	OWN	COUNTY	STATE	
	Σ	WHILE NOT WH	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	STREET CITY OR TOWN COUNTY STA					
4		270.1 certify that (I) (this haspital) attended the disceased from 11/13/ 19.86, to 11/14 19.86, that (I) (we) last										
1				- 1	14 10	86.	1/2 19 19	docat	17	. 19 6	that (1) (we) last	
		saw the deceased olive on										
		TE SIGNATURE	1	-/		DEGREE			22c. DATE	SIGNED		
			2	for	ser		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D					
1		734 PHYSICIAN'S NA	ME ITTE	Vinject)	1		22e ADDRESS	4	-	-	-/-	
L		-	/=	ONG	IER MD		Johns Hankin	a Hoonital	Rolt	imoro N	forw1 and	
-		J.	-		- 110		Johns Hopkin		Dail	THOLE, I	laryrand	
E 0	Ja. B	URIAL, CREMATION,	REMOVAL	236 DATE N	OV. 236 N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
12	- 03							CITY OR TOWN	_	COUNTY	STATE	
		Burial	- 12	17, 1	986 Gat		Heaven Cemete	7	-	-	aryland	
2	4 FU	NERAL DIRECTOR R	obert	17, 1 A. Pum	986 Gat	eral	Heaven Cemete Homes, PA256. DAT aryland NOV 1	7	-	-		

DHMH - 16 60M 7/84 (VRA 15, 4)

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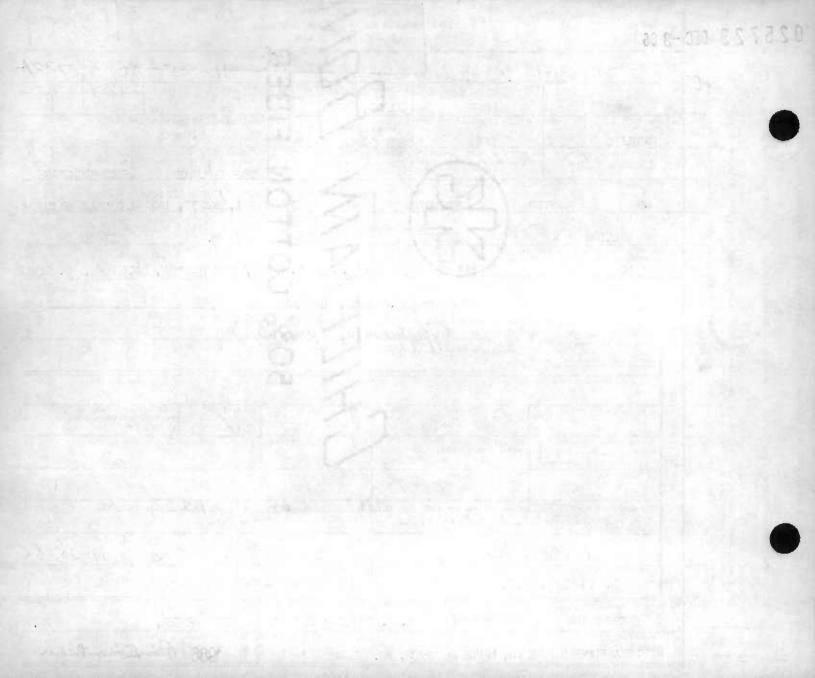
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

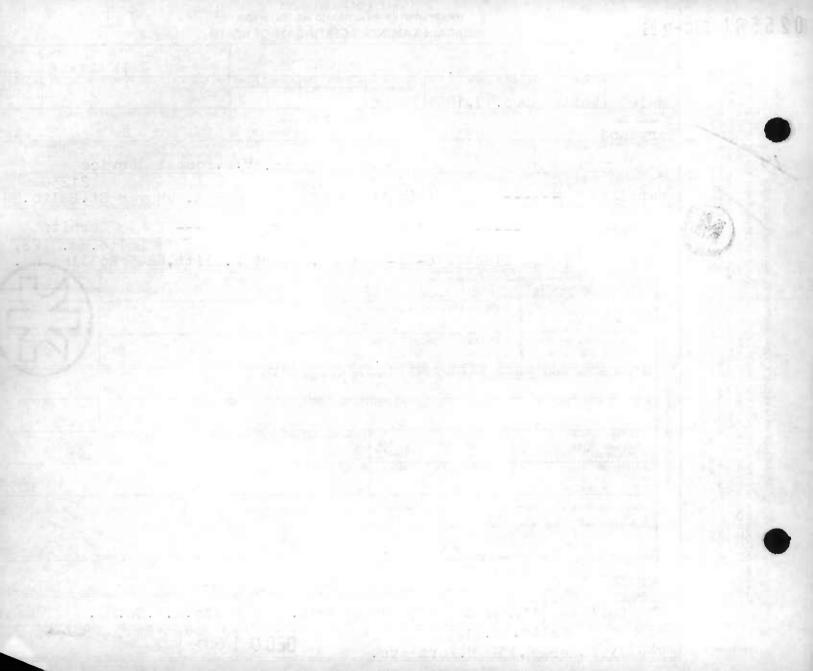
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0 4	THE TRAK							REG. N	0.			
I. DECEA	SED NAME	FIRST	- N	AIDDLE	l	AST	20	DATE OF DEATH	MONTH	DAY YEAR	26 HO	4
(IIII OK)	r Kuni j	Will:	am	E.	Si	1ver		1/-2	-5-	86	7	30 A
SEX			4 RACE		5. DATE C		6.	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDE	R 24 HRS
140	MALE		LIL.	ITE	MONTH			86		MONTHS DAYS	HOURS	MIN.
70 BIRTH	IPLACE (STATE OR	CORE (CN)		WHAT COUNTRY		7, 1900	0	BALTIMORE CITY O	YRS.			_
	NIRY)	OKEIGIA	II. CITIZEIA OF A	WITAT COUNTRY	MARRIE	D NEVER MARRIED		Baltim		IT OF DEATH		
	ARYLAND		US		WIDOWE							MD
	OR TOWN OF DEA					OR OTHER INSTITUTION		USUAL OCCUPATI		12b. KIND O INDUSTRY	F BUSIN	IESS OR
Dart	imore Ci	Ly	ine uni	on Memo	rial H	ospital		SELF EMPLOYE	D	FOOD BR	OKER	AGE
JALR	RESIDENCE IN NURS	ING HOME OF		GIVE RESIDENCE BEFO		1124 INICIDE CITY LIBITES						
	MD	HARFO		DARLING		13d INSIDE CITY LIMITS		STREET ADDRESS AT 1, BOX 33			E DD	2107
_	ER'S NAME	TIPAC O	10	DANLING	ION	15 MOTHER'S MAIDEN		11 1, BUN 00	, 1020	GLENVILLE	RU	21034
	FIRST	A	AIDDLE	LAST	10.00	FIRST		WIDDLE		LAS		
1. 14/45	WILLIAM	D1115 404	IED FORCECO	SILVER		EDITH		W. ADDRE	C.C.	STOKE	.S	
	DECEASED EVER		WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	: 55			
	NO			217 18 09	959	MRS. JOAN S.	EWIN	G, 6200 MOSS	WAY,			2121
18	CAUSE OF DEAT	H (Enter onl)	y one couse per	fine for (o), (b), o	nd ic y	1	1 -			BETWEEN	MATE INTE	ERVAL ID DEATH
	PART I. DEATH W		CAUSE (o)	respirato	V4 / COW	hiac airest						
NO.	DATE OF OPERA					NOT RELATED TO THE TE		L DISEASE OR CON	20b. IF Y	ES, WERE FINDIN	IGS USE	
E .								YES NO		YES	NO [
OF	O. ACCIDENT WAS UNI R CONTRIBUTING [] IF EITHER NOTIFY MEDI	CAUSE OF DEAT	HOUR A.M	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18	3 PART I OR PART 2)		
- 10	I INJURY OCCUR		21e PLACE C	OF INJURY EET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
224	I certify that (1)		all attended the	deceased from	11.	14 19 F	96	10 11/25		10_84_	thor (I)	twe) lost
	sow the decease	-		7 -	0 -	nd that in (my) (our) opini	nion deoi		ote and he		-	
721	SIGNATURE	did)(did not	view the body	ofter deoth.		DEGREE				224 DATE		
	1	. Olde	my MD			ATTENDING PHYSICIAN	IG A	MEDICAL STAF			25	- 0
220	L. O.	AME (TYPE OR Lding,				The Union	Mem	orial Hos	pital			
23a. BURI	IAL, CREMATION,	REMOVAL	23b. DATE	23¢	NAME OF C	EMETERY OR CREMATOR	RY	23d LOCATION	-	COLUMN		67.175
(SPEC	CREMAT	ON	26NOVEM	BER86	R. A.	FERRIS + COMPA	YMA	WEST CHES	TER.	COUNTY		PA.
4 FUNE	RAL DIRECTOR					25a [DATE RE	C'D. BY REGISTRAR		STRAR'S SIGNATI	URE	
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DHMH - 16 60M 7/ (VRA 15, 4)



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ASCHOOL	3. SEX		5. DA	ATE OF BIRTH	YEAR	6. AGE (IN YEAR	IF UNE	ER 1 YR	IF UNDER	24 HRS. 2	C DATE		MONTH	DAY YE	
ON STATE	M	ale White				82 YRS	MONTHS	DAYS	HOURS	MIN. F	PRONOUN	CED	11	24 19 8	6 3:40E
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU. E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 WARDED TO THE CHIEF MEDICAL EXAMINER ALONG PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT STATE DEPRETAMENT OF HEALTH AND MENTAL HYGIENE, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL.		lying cause last.	ider-	DUE TO, OR	AS A CON	SEQUENCE OF								13.1	
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MEDIC CUTE 1 SE 4 SI FUNE FINOE	1	EXAMINER'S NAME TO	7:11:0	m M. Za	200	/ D			111 D	000	C+ 1	D= 1±.	- MD		
DIVING MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYIAND, 2720 P	22.0							DDILLOS	111 P			Daile	o.MD.		
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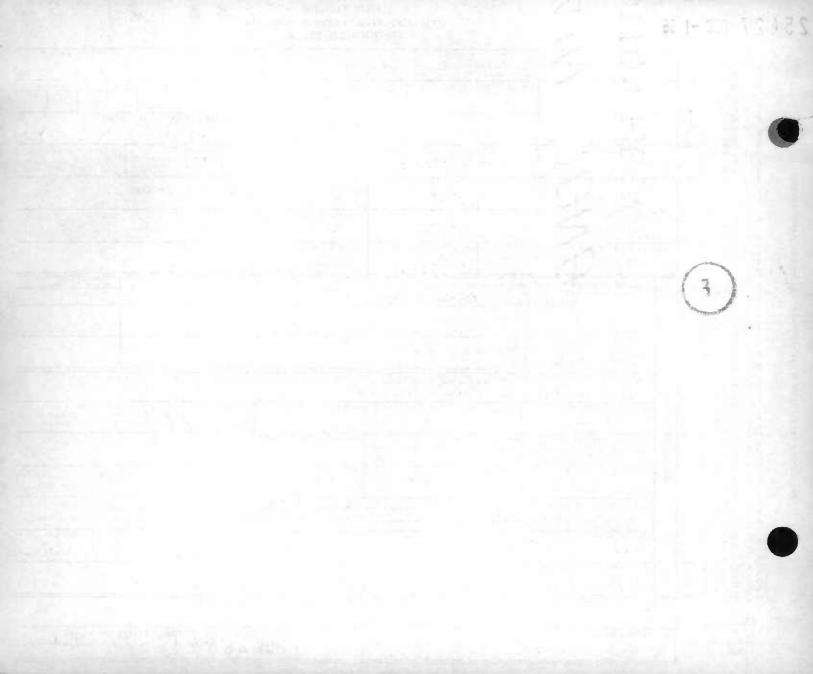
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ER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF I	IN HIRV	19	CATION				
□ NOT WHILE □		FACTORY, OFFICE, FAR		STREET	CITY	OR TOWN	COUNTY	STATE
	spital) attended the de	eceased from	14/21/8	4 , 19 8	. to ///	27	19 86 , 1	hot (I) ((we) lost
the deceased alive a	on	19	ond that in	(my) (our) opinio	n death occurred on t	he date and ha	ur and from the co	auses stated
NATURE (dia) (dia r	nat) view the body atte	er deoth.	DEGREE	175	1 10-1		22c. DATES	IGNED
1/	a M			ATTENDING	MEDICAL	STAFF	11/2	7/11
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March Funeral Home West 4300 Wabash Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

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27 DEC -1	36_	FOR STATE REGISTRAR			TMENT OF H	E OF MARYLAND EALTH AND MENTAI ICATE OF DEATH		REG. NO.		3 3	
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may be page 3 er death		DOCTOR		J.		PSON			11-23		
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nd co		VAS DECEASED EVER IN U.	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SEC	CURITY NO.	17. INFORMANT		ADDRESS			
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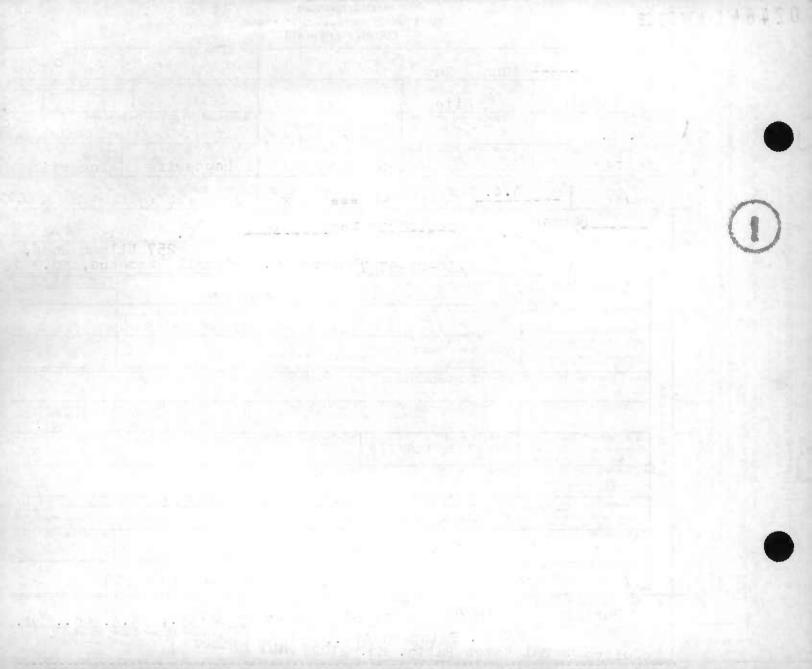


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DHMH - 16 60M 7/84 (VRA 15 4)	24 FI	Will C. Marc	h F/H	110 TODRES.	707	th Ave. 250. DA	TE REC'D. BY REGISTRAR 256 R	EGISTRAP'S SIGNATURE

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ALRECOR	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, YES	WERE FINDIN	NGS USED OF DEATH?
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4641 NOV	19	FOR STATE REGISTRAR	DF	PARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	3	1	3 0
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1 11 1/2	1	BALTI MORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIN SOUTH BAL	VE STREET ADDRESS)	OR OTHER INSTITUTION CENERAL	(TYPE OF WORK FOR MOST OF HOUSEW)	F WORKING LIFE)	NDUSTRY	BUSINESSOF
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VII 17		WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES!	AL SECURITY NO.	17 INFORMANT	ADDR			Road,
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to require to be project to be	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR			20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED
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otherding other this of it the bur thand Me	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
tt OR ATTENDR the hospital or tt DiRECTOR: At efacthed for use or to Dept. of Health		saw the deceased alive	spital) attended the deceased an 11-15 nat) view the bady after death	19 <u>86_,</u>	nd that in (my) (aur) apimar	MEDICAL STAI		d fram the c	
O HOSPITA Trained by O FUNERA O FUNERA THE STO MPORTANI		PATRICIA S			22e. ADDRESS	TH HANOL		T	
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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME TO CALL TO FUNCTO	237 E. Paj	tapsco A	ve. 21225 NO	V 1 8 1955	256 REGISTRAR	'S SIGNATU	JRE



DEPARTMENT OF HEALTH AND MENTAL HYG STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN MONTH 7b. HOUR (TYPE OR PRINT) SLOAN CHARLES DEATH MATED 24 19 86 4 RACE DATE OF BIRTH 6, AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAYS PRONOUNCED :30 M 20 DEAD 66 Male Cacasion b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Ta BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED & DIVORCED Md. USA ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS Baltimore 401 E. 25th St. RETAIN PARTOULD BE Salesman Cemetery Lots USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13e STATE 13b. COUNTY 13c. CITY OR TOWN East 25th St Baltimore YES S NO . 401 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Sloan Ethe1 Foltz William Edward 16h SOCIAL SECURITY NO. 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 730 Salem Ave, Hagerstown 217-09-9927 Lucille Sloan CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease and chronic obstructive pulmonary disease Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head only 21n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH THE ELACE OF INJURY LATHOME 211 LOCATION STREET, PACTORY PARM, 610 STREET CITY OR TOWN STATE WHILE AT WORK AT WORK Head only 22a I certify that I took chair ins described above, held an deoth resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 11-27-86 SIGNATURE EXAMINER'S NAME John E. Smialek, M.D. 111 Penn St., Balto., MD 21201 230 BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Removal 12 - 1 - 8607/84 RO 4 986 Julia Designar's Signature 24 FUNERAL DIRECTOR **DHMH - 17** State Anatomy Baltimore, Md. (VR A15 ME (5)) Bd.

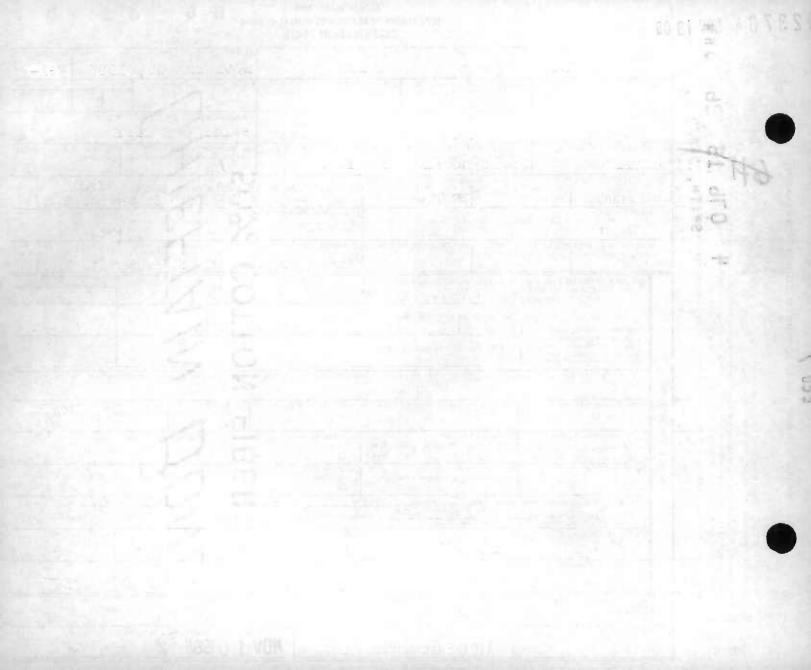
STATE OF MARYLAND

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oge 4 mo	3. SEX 4. RACE 5. DATE OF BIRTH MONTH 1. PY YEAR 4. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN. YEAR YEAR 4. YRS
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be exect pn and p. Pages e medica	160 WAS DECEASED EVER IN N. STARMED FORCES? 160 SOCIAL SECURITY NO. 11 INFORMANTIMS MOREEN REIDDREMAZARETH PA 213464891 (DECEASED - HOSP ROCKS)
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at by the score record	gave rise ta immediate cause last. DUE 10, OP AS A CONSEQUENCE OF underlying cause last.
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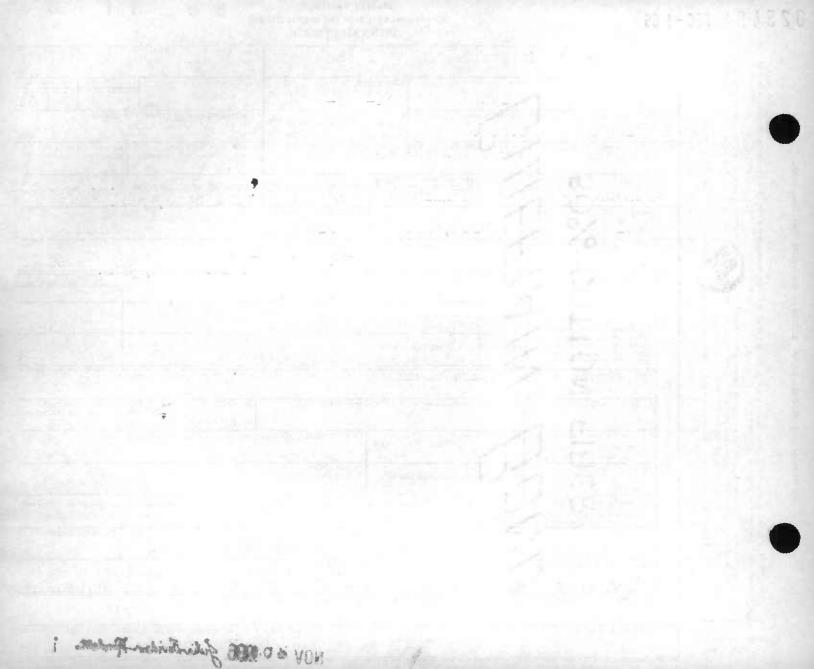
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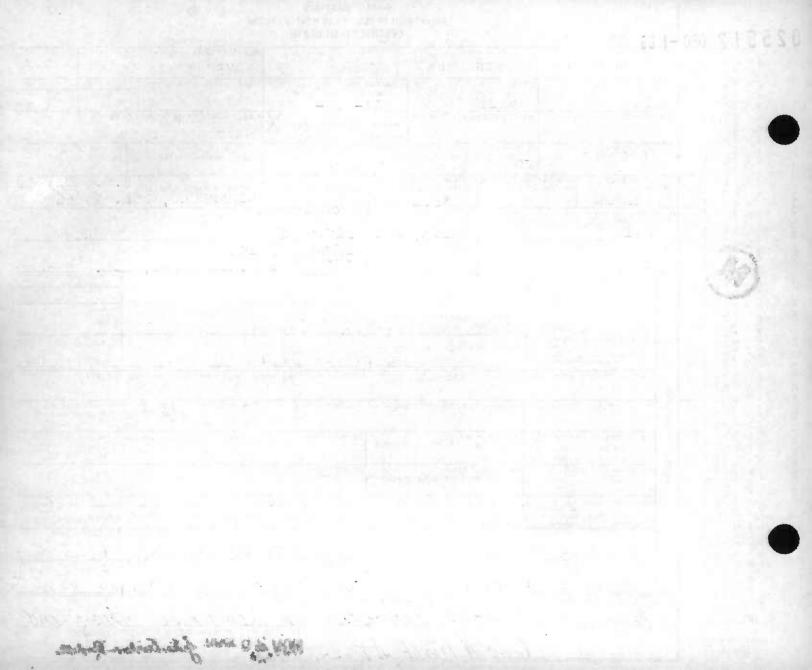
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	DIRECT DOUR FI OUR FI 72 HO ON STR	3. SEX	M	4. RACE B	5. DATE OF BIRTH	VEAR 61	6 AGE (IN Y LAST BIRTHE 25 Y	PAY) MONT		HOURS		DATE ONOUNCED DEAD	M	11 - 14	1986	9:30 P· M
	NECESSARY, PLEASE LUNERAL DIRECTOR. 5. FOR YOUR FILES. WITHIN 72 HOURS WI PRESTON STREET,	7a. BI	RTHPLACE (ST	ATE OR MD	76. CITIZEN OF WH.		TRY?	8. MARR WIDOV	IED NEVE	ER MARRIE DIVORCE	D X	Baltimore Baltir	_		FDEATH	MD
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21201	AND 3	13a. S		IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE VTY		OR TOWN		13d INSIDE CITY	LIMITS?	13e STREET	W. Pre	ston	St.	21201	
RE, MD.	A STAN		ordinan		MIDDLE	Sm	ith, S	Sr.	15. MOTHER	ie	NAME	MIDDLE		Не	erring	
Stamoon of	SIVE PAR SIVE PAR IH ROS MAGES VISION		VAS DECEASED ES, NO, OR UNKNO NO	DEVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		N/A	IY NO.	Marie	e Smi	th 5	10 W.	Prest	ton St	reet	
05, 201 W. PRESTOW	O BE EXECUTED WITHIN 24 HOUR ENDING" IN PENCIL IN ITEN 18 WEDICAL EXAMINER ALOND W AS A BURIAL - TRANSIT PERMIT ALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL.		Condition gove ris couse (o) lying cou	ATH WAS CAUSE IMMEDIA Is, if Dny, which e to immediate stoting the under se lost.	DUE TO, OR A	Insho AS A COM	SEQUENCE	OF OF				cified))	61	APPROXIMATI	INTERVAL I AND DEATH
DIVISION OF VITAL RECORDS, 201 W.	THE CHIEF OF THE C	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION L CAUSE WAS	196 CONDITI	ON FOR Y	WHICH OPE	RATION W	OW INJURY O	ED?) (ENTER NAT	URE OF INJURY IN	I ITEM 18 PART		AUTOPSY'	NO []
DIVISIO	JER: THIS CERTIFIC DATE, WRITING THE FORWARDED TO OR: PAGE 3 SHOU HE STATE DEPART ND, 21201 PRIOR	MEDICA	21d INJURY C	CCURRED	ZIE PLACE OF STREET, FACTO	FINJURY	(AT HOME,	21f. LC	bject of Cation STREET 10 Arg		- 0	Balt	imore	county	/land	STATE
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE ACE 4 SHOULD BE FOR TO FUNKRAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		22a I certif deoth resulte ACTUAL SIGNATURE		ge of the remoins description of the remoins des	ribed p bp Accident		Autop	, Homicid		Undetern	nined manner		DATE SIGNED	11-15-	·86
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE	73n PI	EXAMINER'S I	NAME Grec	ory R. Kat				ADDRESS		enn S	St., Ba	alto.	Md.	2120	1
07/84 25M	BP	(5	Buri JNERAL DIREC	al	11/20/86		butus			ark	Balt	imore GISTRAR 25	Co,	COUNTY	MĎ	ATE
	DHMH - 17 (VR A15 ME (5))				H, Inc. 110	1 E.	North	n Ave		NOV	191	986		ander.		

23	7.1	6.4	NEW YEAR	13	86-	FOR STATE REGISTRAR		DEI	PARTMENT OF	TE OF MARYLANI HEALTH AND ME IFICATE OF DE	NTAL HYG		. NO.	3 1 /	6 2
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		and o	Ter o		3. SE		4. RACE		5 DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONIHS DAYS	IF UNDER 24 HRS
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120	-0	計准	e fil	o e	USUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENC	E BEFORE ADMISSIO	4)			•	DE 2120	12
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XIX.	1000	N N	E S	- m		THER'S NAME	H 197		4	15. MOTHER'S M		ΛE	100	cer oc.	710 0.117
MAR		¥ 100	ou o	9 7		James	A.	Sm	ith	Ruth	51	MIDDLE		Macer	ST
THE STATE OF	500	5	e e	0		AS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIA	SECURITY NO	17. INFORMANT		ADI	DRESS		ing 127
IMO		5	-	med /	()	es, no or unknown) (if yes, g	IVE WAR OR DATES)			Marcia	E. Sm	ith 117 :	S. Exe		
BALT	T the con	Vsicio	apers	÷, ‡		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per	line for 101,	(b), and (c).)	Λ			1		CIMATE INTERVAL ONSET AND DEATH
ST.,	-	do o	ano	e > e			TE CAUSE (0)	Car	diac	threst			0100	5	minute
ON		indin	carb , ar	natio			DUE TO, O	RASACON	SEQUENCE OF	. 0	1.	- 1 4			10
W. PRESTON		dec dec	nove	roor	4	Conditions, if any, which gove rise to immediate	(b)_	Jali	oputh	u Clar	dion	yopatu	7		O years
3		t	Se re	the		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CON	SEOUENCE OF			00)		0
201	4	es. th	plea urial,	, 07		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTIN	G TO DEATH B	II NOT RELATED TO	THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 1/	
SDS.		equir o sign	Then to b	Colu	NO O					, , , , , , , , , , , , , , , , , , ,	J T T T T T T T T T T T T T T T T T T T	NAL DIOLAGE ON CO	N. DINOIS O	TVETT IN TAKE IT	
DIVISION OF VITAL RECORDS, 201		×: 4		wo }	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR V	VHICH OPERAT	ON WAS PERFORM	NED	200 AUTOPSY?	20b. IF YI	ES, WERE FINDIN	NGS USED
AL R	1	on.	it pe	ows	RTIFI							YES NOL] Y	YES 🗌	NO [
>	4	g physic ertificate	Hygi	8 7		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE			H DAY YEA	21c. HOW INJUI	RY OCCURR	ED (ENTER NATURE OF I	UJURY IN ITEM 18	PART (OR PART 2)	
Ö		ng p	urial-t	E T	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P. P.	Μ.	19			LO: 0.24			
ISIO	>	tendi	nd M	o o	MED	21d INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC }	211 LOCATION STREET		CITY OF	RIOWN	COUNTY	STATE
20	2	or at After	of the	norke		AT WORK			, ,		0,		111.	01	
199	TOVI	Tol OR.	F Hec	1 5		228.1 certify that (I) (this hosp	n 1111	0	01	and that in (my) (au	ar) opinion o	leath occurred on the	date and he		that (1) (we) last
4.570	1	hosp	pt. o	E		77b SIGNATURE	ot; view the body	after death.		DEGREE				22c. DATE	
manife to		the he	÷ 6	±		7 Mains	500	let	- m	ATTE PHY	ENDING -	MEDICAL S DIRECTOR PHY	TAFF	11/1	1/26
Ris ;	TIOS	d by	old be deta h the State	Z -		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	0.0	-	22e. ADDRESS	- COLLAND	·	SICIAL DE		109
infair :	C I	etoined TO FUN	should with th	MPORTANI		Elaine	C. Het	teg		600 N.	. Wol	le 87. B.	alto.	MD 7/7	205
	5	i e	€ }	≤		URIAL, CREMATION, REMOVA		1	23c. NAME OF	CEMETERY OR CRE	MATORY	23d. LOCATION		COUNTY	STATE
		BP				BUR'I AL	11/12	/86	Md. Ve	teran Cem		Crowns	/ille,		Md.
	DI	HMH - 1	6 60M	7/84		INERAL DIRECTOR		ADI	DRESS		25a. DATE	REC'D. BY REGISTR	AR 25b. REGIS	STRAR'S SIGNAT	TURE
		(VRA	15, 4)		Ma	arch Funeral Ho	omes 11	Ol Eas	t North	Avenue	AU	V 1 0 1986	Audia	Ninda	0 1

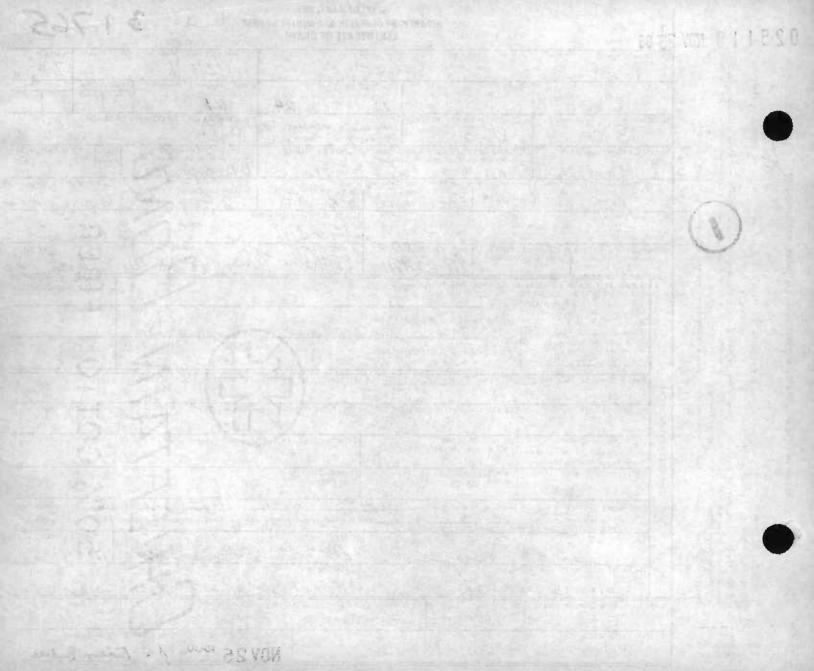


9 4 DEC	4.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	
age 3	1. DE	CEASED NAME BOY	(A) KIMBERLY	SMITH	NOVEMBE	MONTH 20 1986 7:00 P
n after d	1.58 N	x MALE	4. RACE WHITE	5. DATE OF BIRTH 11- 02- 86	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. 31
35	LMPS	RTHPLACE INTERESTRUCTION COUNTRY LATER TO THE COUNT	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O BALTIMOR	R COUNTY OF DEATH
33	BZ	ALTIMORE	JOHNSCHEHOPKIN		120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	
46		IRYLAND.	OF THE PROPERTY OF THE PROPERTY OF TOWN	ORE YES NO	MILLSBOR	ZIP CODE P.O. BOX 632 O. DEL. 19966
103	1	DAVID	SMITH, LAST JR		MIDDLE	WE LCH
13		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECU	KIMBERLY SI	AITH	19966
mi. Then please remave con prior to buriol, cremation, or any injury, or other traumati	ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT		ry immaturit	Y INAL DISEASE OR CONI	30 minutes 30 minutes DITION GIVEN IN PART 110
ows C	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
Vental Hygi	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	19	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TO	WN COUNTY STATE
Dept. of Hea If Item 21 is m		270.1 certify that (1) this hasp saw the deceased alive or above, (1) (we) (did))(did no 27b. SIGNATURE	ital/attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING	leath accurred on the do	22c. DATE SIGNED
with the State		22d PHYSICIAN'S NAME (IVPE) Be Hina	no A. Cell PRPRINTI) H. Au H	PHYSICIAN [DIRECTOR PHYSIC	ospital 600 N
s <u>S</u>	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
60M 7/84	24. F	UNERAL DIRECTOR	ADDRESS	25a. DATE	REC'D, BY REGISTRAR	THE REGISTRAR'S SIGNATURE

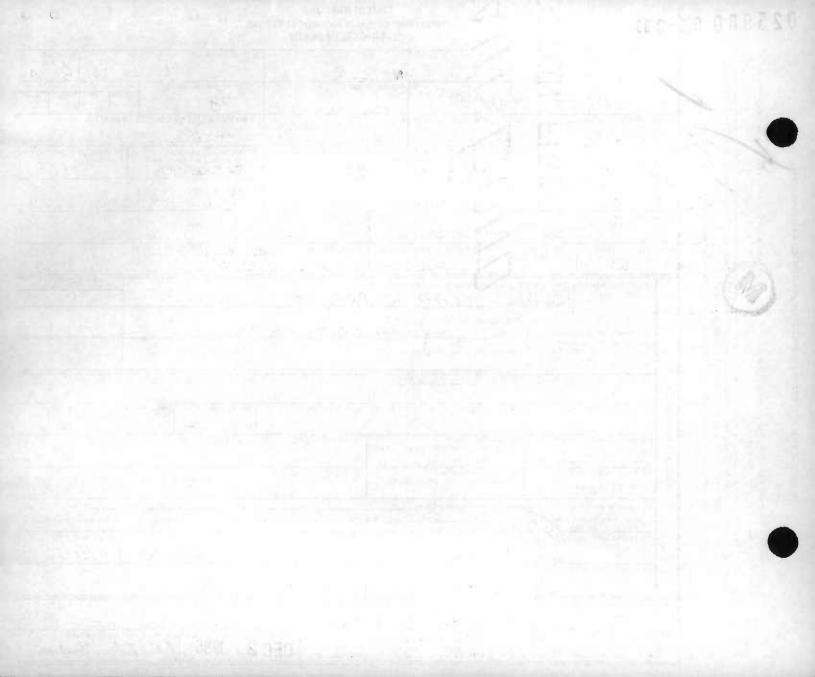




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				I. DEC		IRST	MIDDLE	_	LAST		20. DATE OF DEATH		DAY YEAR	26. HOUR
	9 6	of to	700	Live	WAGGI	5.		SMIT	Th		11/23	186		740
	nay	r deat		3. SE)			RACE	5. DATE	OF BIRTH		6. AGE TINYEARS LAS		IF UNDER) YEAR	IF UNDER 24 HRS
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	Pog	acrs 4		7n BI	RTHPLACE (STATE OR FORE	IGNI Zh	CITIZEN OF WHAT COUN	ITRY2 8			9. BALTIMORE CIT	YRS.	OFDEATH	
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1	18	uh 1	6	10.61	TY OR TOWN OF DEATH	. 11	NAME OF HOSPITAL, N	WIDOW		NORCED [120. USUAL OCCUP	MORE	TIST KAID	OF BUSINESS OR
Vi	力量	3 2	2/7	0	OR TOWN OF DEATH	1 1	(IF NOT IN SUCH FACILITY, GIVE		A //	THOTION	TYPE OF WORK FOR MO	ST OF WORKING LIF		
2	275 0	file	2		ALTIMORE	1 5	TIMAI HOSD	1 tul 01	BRITI	moRS.	unempi	oyed		
021	hot	d be	2	13a S	AL RESIDENCE (IF NURSING	COUNTY	HER INSTITUTION, GIVE RESIDENCE		1138 INSIDE	CITY LIMITS?	13e STREET ADDRES	SS / ZIP CODE	2171	5 Apr A
AN	n 24	1	er.		M.T	MARKET AND DESCRIPTION OF	13al	timore	YES 🔼	NO 🗌	2906	D. W.	Coldspr	ing cane
RYL	d th	1	-	14. FA	THER'S NAME FIRST	MID	DIE LAS	ī	15. MOTHER	S MAIDEN NA	ME		OIA	ST
AA	p V	4	D	L	1				Gla	dus			Ka	9,0
RE,	executed		lico.		VAS DECEASED EVER IN	U.S. ARME		SECURITY NO.	17. INFORM	ANT	. AD	DRESS	1011	Ept D
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ALT	e p	10 00	Ē		18. CAUSE OF DEATH	Enter only a	one couse per line for (a), (bi, and icil			TENTAL STA		APPRO) BETWEEN	MMATE INTERVAL ONSET AND DEATH
, B	Three	DOU MON		30:	PART I. DEATH WAS	MEDIATE C	SY. (* _						100	
S Z	e l	4 .	ğ	-	IIV	MEDIATE		SEQUENCE OF	WOTES			3.00		
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7 N	9 0	mari	0		gave rise to immed	liate	(b) 17 L Z Z		COVITY	67400	11 6210110	J	0 - 57	
*	‡ †	Sere	e Lipe	34	cause (a), stating underlying cause	last.	DUE TO, OR AS A CON	SEQUENCE OF					4	
201	t s	pleo riot,	ō	-31	DART 2 OTHER SIGNIE	CANIT CON	NDITIONS CONTRIBUTING	C TO DEATH BU	T NIOT DEL ATE	D TO THE TERM	AINIAI DISEASE OR C	OLIDITION CIV	(EALINI DADY)	
05.	or in	hen o bu	n h	Z	PART 2 OTHER SIGNIF	ICANI COI	ADITIONS CONTRIBUTION	S TO DEATH BU	INOTRELATER	D TO THE TERM	MINAL DISEASE OR C	JADITION GIV	EN IN PART I	10
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RECO	lov.	ne pr	S S	CERTIFICATION								IN CERTIF	FYING CAUSES	S OF DEATH?
TAL	The	gie	Sugar Property	ERT	21a. ACCIDENT WAS UNDERL	VINC []	216. TIME OF INJURY		21c HOW IN	NILIDY OCCUP	YES NO		S D	NO 🗌
Ž	JAN.	T TO	0		OR CONTRIBUTING CAU		HOUR A.M. MONTH	H DAY YEAR		430KT OCCOR	CENTER NATURE OF	NJURT IN HEM ID I	PARTIOR PART 2]	
O Z	SIC		E	ō.	(IF EITHER, NOTIFY MEDICAL		P.M.	19	21/ 100171	1001			1000	
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DIVISION OF	S &	as the	orke e		AT WORK AT WORK									E LIESTON
. 811	END!	use deal	2	13.			attended the deceased t	87/ 1	11	_, 19_86		3		, that (I)(we) last
	ATTE	و فو	7.71		sow the deceased above (1) (we) (did)	dive on (did nat) v	iew the bady after death.	19 <u>26</u> , o	nd that in my	y(our) opinion	death occurred on the	e date and hou	or and from the	causes stated
""	OR of ho	ched	± e		22h SIGNATURE		3)		DEGREE				22c. DATE	ESIGNED
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	5 a 5	Sh y	2		URIAL, CREMATION, REA	MOVAL	23b DATE	23c NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION		1	
	BP				Burial		11/28/86	Garrison	Forest	Vet	Owings	Mills	COUNTY	Mdf
		- 1	pi)	24 FL	JNERAL DIRECTOR		//00				TE REC'D. BY REGISTR		RAR'S SIGNA	TURE
	DHMH -	16 60M (A 15, 4)	7/84		March Funeral	Home W	lest 4300 Wabasi	Avenue		NO	VOE DOU	11:	Nicideon	A 1
	(AK)	. (3, 4)								INU		15	Times and	Corner



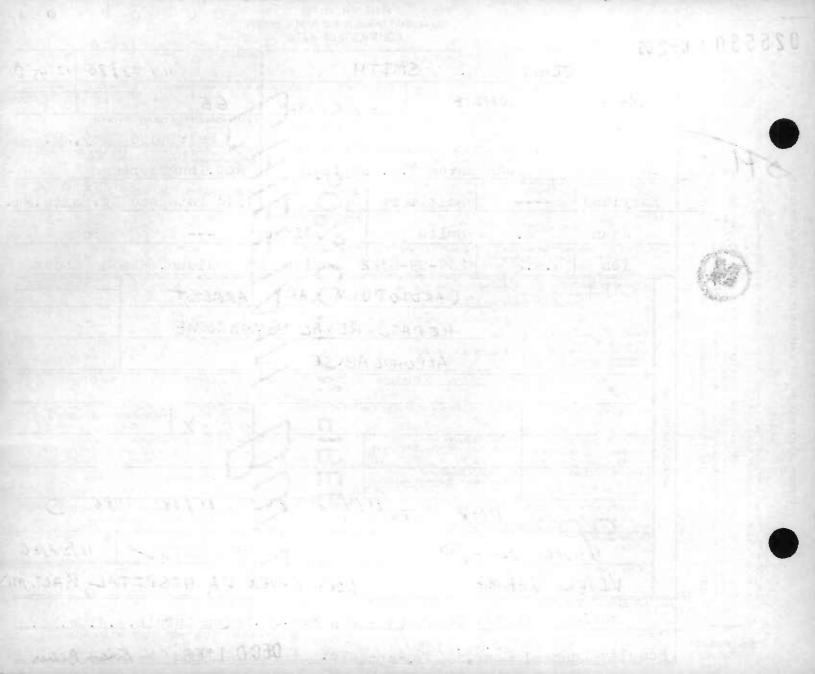
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	10	REGISTRAR			CERTIF	CATE OF DEAT	ГН	REG. N	0		
		CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
2 25	(1Abr	RAYMON	٥	I.	SNIT	ZER			11 2	3 86	6 AM
4 64 6	2/SE		4 RACE	HITE	5. DATE C	FBIRTH	YEAR	AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
- 8 95		1//	UU		12	25 0	/	78	YRS.	00.05.4711	
1 20 21		RTHPLACE (STATE OR FOREIGN COUNTRY)	1	WHAT COUNTRY	79 8. MARRIEI	NEVER MARR	HED 🗆	BALTIMORE CITY O			
1/ 42		ARYLAND ITY OR TOWN OF DEATH	USA	UCCOUTAL AUTOC	WIDOWE	D DIVORC		BALTIMO			MD. OF BUSINESS OR
5 142	1	BALTIMORE	(IF NOT IN SU	SINA! H	ET ADDRESS)			(TYPE OF WORK FOR MOST OF	F WORKING LIFE	INDUSTRY	FOOD
BE STAN	13a. S	AL RESIDENCE (IF NURSING HOME O STATE MARYLAND	ROTHER INSTITUTION	13c. CITY OR TO BALTIM	WN	13d. INSIDE CITY LI	1	6801 OLD		O RD.	#21209
Bry the bline	14. FA	ATHER'S NAME	MIDDLE	tast		15 MOTHER'S MAI	IDEN NAM	E MIDDLE		LAS	12
TO FOR		SAMUE		W. SNI		B	ESSIE			STEIN	
de de de			RMED FORCES? VE WAR OR DATES)			17 INFORMANT		S. ELSIE			
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a Company		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe ED BY:			1.20.				BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIA	TE CAUSE (a)	CARA	SIAC	ARREST					
10 man 1 man 10			DUE TO, C	OR AS A CONSEQ		ARTURY	X	7/17			
S de		Canditians, if any, which gave rise to immediate	(b)_	COR	ONARY	MRIERY	DITE	41 E		1	
w to the		cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQ	UENCE OF						
201 the state of t		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOI RELATED TO I	THE TERMIN	NAI DISEASE OR CON	DITION GIVE	N IN PART 1	
RDS,	Z O										
DIVISION OF VITAL RECORDS, ING PHYSICIAN, The law requir c affending physician the burial-radius been rig as the burial-radius permit. These th and Mental Hygiens prior to be arked or then 18 shows any injury and the to the 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHIC	HOPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YES,	WERE FINDING	NGS USED
A	E							YES NOT	YES		NO [
A Page 1	10.275611	21a. ACCIDENT WAS UNDERLYING	- 110110 4	OF INJURY	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
SKCIA POLICE	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	P.M.	19					The sale	
A PHYSICAL PROPERTY OF THE PHYSICAL PROPERTY OF THE PHYSICAL PHYSI	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE	E. FARM, ETC 1	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
No No standard	-	NOT WHILE AT WORK									
S S S S S S S S S S S S S S S S S S S	0.0	220-1 certify that (1) (this hasp	-	he deceased fram		, 19		to	, 1		that (I) (we) last
Tage of the state		saw the deceased alive a above, (I) (we) (did) (did)	a sicustly bod	y after death.			apinian de	eath accurred an the d	ate and haur		
# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		22b. SIGNATURE	11180			DEGREE	NDING	MEDICAL STA	FF A	22c. DATE	
A T S S S S S S S S S S S S S S S S S S	1	22d. PHYSICIAN'S NAME (1YPE	INC					DIRECTOR PHYSIC		11/2	3/86
O HOSPIT Torred by O FUNER MPORTAN			RIK EL	Am			vai h	OSPITAL			
55 2213		BURIAL, CREMATION, REMOVA	23b. DATE	230	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	STATE
BP		BURIAL	NOV.2	5,1986	HAR S	INAI		OWINGS	MILLS	BALTO	
DHMH - 16 60M 7/84				NSON & B				REC'D. BY REGISTRAR	1 .		URE
(VRA 15, 4)	1	6010REISTERSTOW	N RD.	BALTO.,	MD	21215	DEC	2 1986	Gulia L	Swidson .	Kandallo _



24607 NO	W 21		FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8 D	3	1 /	6 /
4 4 0 0 1 MO	IN CI	1. DE	CEASED NAME FIRST		WIGGLE		AST			ONTH DAY	YEAR	2b. HOUR
ath 33			ORPRINT) JIRO	ME	G.	Cva	TARSK	,		b 14	1986	is. Floor
nay be	9.5	3. SE.		1 RACE	G.	9	OF BIRTH	1	6. AGE (IN YEARS LAST BIRTHI	CAYL IF		IF UNDER 24 HRS
office a		3. 3L	MALE			MONTE	1 DAY	YEAR				HOURS MIN.
age	0	/		Cauc		10	29	1922	64	YRS.		
F. P Sold	5 6	/a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER M	AARRIED -	9. BALTIMORE CITY OR	COUNTYO	FDEATH	
one con	0		ld.	U.S.		WIDOW		VORCED	Baltimore			MD.
ied vit	31		altimore /	(IF NOT IN SU	HOSPITAL, NURS IN UCHFACILITY, GIVE STREET Key Med.	ADDRESS)		NOITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Retired		INDUSTRY	BUSINESS OR Post Off
ND 212	35	13a S	AL RESIDENCE (IF NURSING HOMI STATE 36 CC	orotherinstitution	N, GIVE RESIDENCE BEFOR		13d. INSIDE CI	ITY LIMITS?	13e.STREET ADDRESS / 1 1406 Delvalo		Ralte	0. 21222
rhin sho	De la companya de la	.0.	ATHER'S NAME	_ 42020	1	-		MAIDEN NAM		- 1110	, Dale	0. 21222
MARYI mplerel		1	FIRST	WICOLE	LAST			FIRST	MIDDLE		LAST	
m 5 10 11		16n \	John vas deceased ever in u.s.	ARMED FORCES?	Haus 166 SOCIAL SECU	IPITY NO	17. INFORMA	osephin	ADDRES!	5	Sig	21222
BALTIMOR	8		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)								
ALL STATES	C		Yes W	WII	216-18-0	967	Ms. Ma	rcella	T. Skotarsk:	<u>i - 14</u>		vale Av.
RECORDS, 201 W. PRESTON ST., Ilow requires that the death certific as been signed by the attending phening the prior to burial, cremotion, or remore prior to burial, cremotion, or remo	ows any injury, or armer fraumotic event	CERTIFICATION	PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) CAR DV PULMWAR Y ARRES T DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							GS USED		
OF VITAL CIAN: The physician triflicate hol-transit polygie.			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY A.M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM TB PART	T OR PART 2)	
DIVISION OF VIT	orked or lie	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	P.M. E OF INJURY TREET, FACTORY, OFFICE, I		211 LOCATIO STREET	N	CITY OR TOWN	N	COUNTY	STATE
R ATTENDIN hospital or RECTOR: Af	2 I S mo		220.1 certify that (1) (t his he saw the deceased alive above, (1) (we) (did) (did	on	NUV. 19	36 a		19	, to death occurred an the date	, 19 e and haur a		not (I) (we) lost
the the percent	ē 		22b. SIGNATURE	N			F	TTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE SI	IGNED / 16
etoined by the Store of the Sto	WACK!		224 PHYSICIAN'S NAME (TY	HMM			22e. ADDRESS 9101	FRANK	CLIN SO-	DR	212	37
ВР			BURIAL, CREMATION, REMOV SPECIFY) Burial	23b. DATE 11/18	101	ly Ro	EMETERY OR C		23d. LOCATION CITY OR TOWN	Bal	timore	
DHMH - 16 60M 7 (VRA 15, 4)	/B4		UNERAL DIRECTOR VALUE VALUE	i - 1005	Dundalk A	venue	21224	NOV	REC'D. BY REGISTRAR 25	REGISTRA	R'S SIGNATUR	RE

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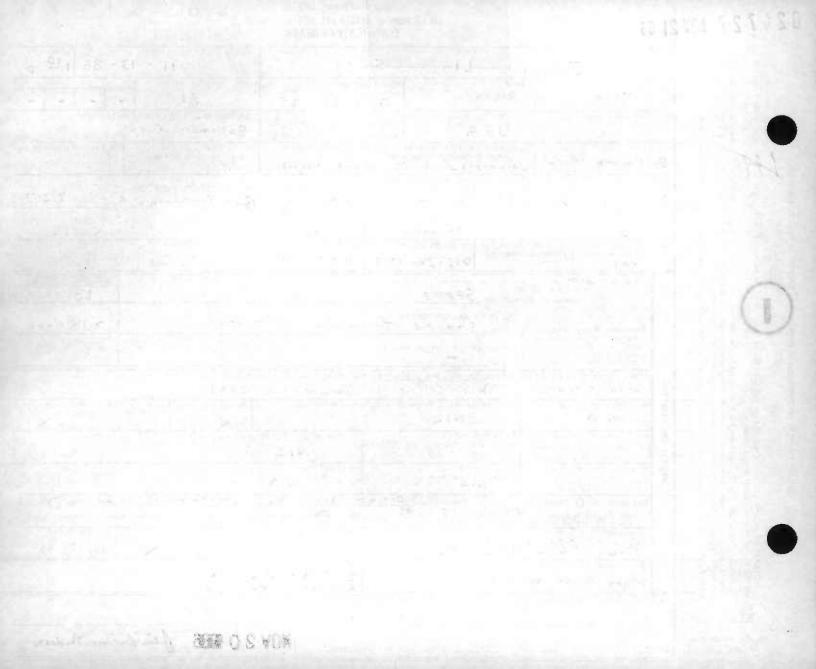
0 5 5 5 5	1	FOR	DEP#	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE	1 / 0 0	
5550 DEC	~2	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
0000000		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR	
ge 3	(ITTE	JOH	N H.	SMITH	11/2	8/86 12:45 %	
6 4	3. SE		4. RACE	5. DATE OF BIRTH	a. Hoe the remotes buttoned	FUNDER 1 YEAR IF UNDER 24 HRS	
4 000	2	MALE	WHITE	6/6/1920	66 YRS.	ONINS DATS HOOKS MIN.	
	Contract of	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
		fary land	USA	WIDOWED DIVORCED	Baltimore	City, Md. M	
ACT 37		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OF INDUSTRY	
0 1 1 42		Baltimore		V.A.Hospital	Ret.Longshor	eman	
24 box	13a. S	ALRESIDENCE (IF NURSING HOME OR TATE 136 COUNTY)	NTY 13c. CITY OR 1		13e.STREET ADDRESS / ZIP CODE 1514 Patapsco	21230 St.Balto.M	
2 th		THER'S NAME	AUDDIS LACE	15 MOTHER'S MAIDEN N	AME		
1 11		John	A. Smit:	h Eliza	beth	Bock	
		AS DECEASED EVER IN U.S. AR	(F.1111.0.00.0.1761)	SECURITY NO. 17. INFORMANT	ADDRESS		
AAV	,	YES, NO ORUNKNOWN) (IE YES, GIV	VE WAR OR DATES) 217-	09 - 832 2 Bonita :	Lee Galiano.Sam	e as above	
1		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b	DIOPULMONARY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
100		PART I. DE ATH WAS CAUSE IMMEDIAT					
ding ding		DUE TO, OR AS A CONSEQUENCE OF					
degraph of the control of the contro		Canditions, if ony, which	((b) HE	PATO-RENAL S	SANDIOWF		
the the employed		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF			
that solver of, cr		underlying couse last.	(c) AL	COHOL ABUSE			
equires a sign Then al to b m	N N	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)	
AN: The law red hysicion. ficate has been tronsit permit. T I Hygiene prior 1 18 shows ony in	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS US		
he k	TĒ.				YES NO YES		
ICIAN: T g physici g physici ertificate itol-transi intol Hygi fem 18 sh	Ü	21a. ACCIDENT WAS UNDERLYING		DAY YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT T OR PART 2)	
20 210 2	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	9111	19			
gent in	ā	21d. INJURY OCCURRED					
HYS adin bur is or it	<u>=</u>		21e PLACE OF INJURY	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
PHYS endin this c he bur nd Me	MEI	WHILE NOT WHILE AT WORK	ZIE PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE	
UDING PHYS or attendin s. After this c se as the bur ealth and Me	MEI	WHILE NOT WHILE 220.1 certify that (1) (this haspi	(AT HOME, STREET, FACTORY, OFI	FICE, FARM, ETC) STREET	6 , 10 11 / 28 1	9 86, that (1) (we) lo	
ADING PHYS or attendin S. After this of use as the bur ealth and Me	MEI	white NOT WHILE AT WORK 22a. I certify that (1) (this haspi saw the deceased alive an above, (1) (the) failal hall and no	(AT HOME, STREET, FACTORY, OFI	FICE, FARM, ETC) STREET	CITY OR TOWN 6 ta 11/28 1 n death accurred an the date and haur	9 86 , that (I) we) la	
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OR ATTENDING PHYS e hospital ar attendin DIRECTOR: After this a ched far use as the bur Dept. of Health and Me Dept. of Health and Me	MEI	white NOT WHITE 220. I certify that (1) (this haspi saw the deceased alive an above, (1) (two) (did) (did no 22b. SIGNATURE	ital) attended the deceased from the body after death.	am, 19 87 19, and that in (my) (aur) apinia DEGREE ATTENDING PHYSICIAN	6 , 10 11 / 28 1	9, that (I) we) la and fram the causes stated	
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OR ATTENDING PHYS e hospital a cateratin to DIRECTOR. Attent his completed for use as the burden free of Health and Me	23a. E	WHILE AT WORK 22a. I certify that (I) (this haspi saw the deceased give an above, (I) (We) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE C) URIAL, CREMATION, REMOVAL	(AT HOME, STREET, FACTORY, OFI ital) attended the deceased fro bit view the body after death. OR PRINT) VAL MA 23b. DATE	om 19 54 , 19 84 19 64 , and that in (my) (aur) apinia DEGREE ATTENDING PHYSICIAN 120 ADDRESS LOCH RAV 230 NAME OF CEMETERY OR CREMATORY	m death accurred an the date and haus MEDICAL STAFF DIRECTOR PHYSICIAN P EN VA HOSPI 23d LOCATION CITYOR TOWN	9_86, that (I) we) la and fram the causes stated 22c. DATE SIGNED	
OR ATTENDING PHYS e hospital ar attendin DIRECTOR. After this a ched for use as the bur Dept. at Health and Me Dept. at Health and Me Hem 21 is marked or It	23a. E	WHILE AT WORK 22a. I certify that (1) (this haspi saw the decessed alive an obave. (1) (we) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE CONTROLL) URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	(AT HOME, STREET, FACTORY, OFI ital) attended the deceased fro bit view the body after death. OR PRINT) VAL MA 23b. DATE	om 1/4 , 19 8 19 6 , and that in (my) (aur) apinia DEGREE ATTENDING PHYSICIAN 22c. ADDRESS LOCH RAV 23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem.P	m death accurred an the date and haur MEDICAL STAFF DIRECTOR PHYSICIAN DEATH EN VA HOSPI 23d LOCATION CITY OF TOWN CHY OF T	9_86, that (1) we) la and fram the causes stated 22c. DATE SIGNED 11/28/86 TAL BALT. COUNTY STATE A. A. CO. Md.	
TO HOSPITAL OR ATTENDING PHYS retained by the hospital ar attending TO FUNERAL DIRECTOR: After this a should be detached for use as the burwith the State Dept. of Health and Me IMPORTANT: If Item 21 is marked at I	23a. E	WHILE AT WORK 22a. I certify that (I) (this haspi saw the deceased give an above, (I) (We) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE C) URIAL, CREMATION, REMOVAL	(AT HOME, STREET, FACTORY, OFI ital) attended the deceased from the body after death. OR PRINT) ARMA 23b. DATE 2/1/1986	am 19 81 am 19 81 DEGREE ATTENDING PHYSICIAN 226. ADDRESS LOCH RAV 231. NAME OF CEMETERY OR CREMATORY Glen Haven Mem P	medical staff DIRECTOR PHYSICIAN D 23d LOCATION CITYOR TOWN CHEN Butnie, ATEREC'D. BY REGISTRAR 25b. REGISTR	9_86, that (1) we) la and fram the causes stated 22c. DATE SIGNED 11/28/86 TAL BALT. COUNTY STATE A. A. CO. Md.	



21	0.0.	FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND	VOIENB O	3 1 / 6 7
4	002 NOV 1	STATE CREGISTRAR		DICAL EXAMINER'S		PEATH	
	10		FIRST	MIDDLE	LAST LAST	REO, IV	
181	- 30	(TYPE OR PRINT)			*	20. DATE KNOWN D	7 11 0 00
10	E SESSE	J. SEX JA RACE	OSEPH M:		mith INDER 1 YR. TIF UNDER 2	DEATH MATED	11-9 19 86 M
	STATE		MONTH DAY	YEAR LAST BIRTHDAY) MON		MIN. PRONOUNCED	8.03
	80000	Male White		951 35 YRS.		DEAD	11-9 19 86 p. M
	SAR SERVICE	FOREIGN COUNTRY) Maryland	76. CITIZEN OF WH	MAR	RIED X NEVER MARRIE	D 🔲	DR COUNTY OF DEATH
	25435/	18. CITY OR TOWN OF DEATH	U.S.		WED DIVORCE	DOLL CALIFOL (
	2 第 2 日 2 日 2 日 2 日 2 日 2 日 2 日 2 日 2 日	1	(IF NOT IN SUCH FAC	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE) Truck Driver	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	900 ale	Baltimore USUAL RESIDENCE (15 IN NURS	South Ba	ltimore Genera	l Hospital	Truck Driver	Transfer
	S ZPEZ		COUNTY	e residence before admission) 13c. CITY OR TOWN Brooklyn	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4923 Brookwoo	7 7 7 (07007)
	· 查包提惠		A.A.	BrookTAU			d Rd. (21225)
	M CANAL H	14. FATHER'S NAME	A. Smith	LAST	15. MOTHER'S MAIDEN	ALIDDIE	LAST
	A A SEE					el M. Hepptin	
1	1 25 5 5 N	160 WAS DECEASED EVER IN ((YES, NO, OR UNKNOWN) (15	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
(4 4 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A			214-56-1189	Patricia P	A. Smith (same	e as 13e)
1	3.0	18 CAUSE OF DEATH (E	nter only one cause per line			- Control of the Cont	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	N TENNET		MEDIATE CAUSE (0). CI	aniocerebral T	rauma		
,	NOW WOOM	Conditions, if any,		AS A CONSEQUENCE OF			
	M HENNES	gove rise to imm	nediate (b)				
	TW AMILED V	couse (a) stating the lying couse last.	under- DUE TO, OR	AS A CONSEQUENCE OF			201
	S S S S S S S S S S S S S S S S S S S		(c)				
	MAING MAIN		OITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	f 1 (a),	
	SASSES -	19a. DATE OF OPERATIO					
	AL ALES	19a. DATE OF OPERATIO	N 196. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
	¥ ¥89555/	F .					YESXX NO 🗆
	P TANET OF	210 EXTERNAL CAUSE V	HOUR XXX	MONTH DAY YEAR	HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	S FEBRES	CONTRIBUTING CAU	SE OF DEATH 7: 19 P.M.			o/fixed object	impact
	NAS SER	216 INJURY OCCURRED WHILE NOT WH		OF INJURY (AT HOME, 21f. LO DRY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
	A A A A A A A A A A A A A A A A A A A	AT WORK AT WORK	roa	d Md	. Rt. 2 & Ha	mmonds Lane, Ar	ne Arundel Co., Md.
	S S S S S S S S S S S S S S S S S S S	220 I certify that Japa	k charge of the remains desg	Abed abave, held an Auta	psy XX Inspection	. Inquiry . ar	nd in my apinian
	NA CHARLES	death resulted from	Natural causes	cident XX / Suicide	Homicide .	Undetermined monner .	
	A SEE SEE		o. lak	4 Mh	LIUE (SPECIFY)		
	TANGER T	SIGNATURE	un /	mug 11110	& ssistant	MEDICAL EXAMINER	DATE 11-10-86
	DEATH NORE	SYAMINIED'S NIAME -		//			
	M SASSE	TYPE OR PRINT)	ennis F. Smyt	n, M.D.	_ADDRESS_ 111 F	enn St., Balto	o., Md. 21201
	524548	230 BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY		23d LOCATION CITY OR TOWN	COUNTY STATE
	/84 BP	Burial	11/12/1	86 Cedar Hil		Brooklyn Pl	k., Baltimore, MD
25	DHMH - 17	George J. Con	ce,4001 Riotech	ie Hg., Baltimo	re,MD 250. DATE RE	C'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
	(VR A15 ME (5))		,	21225		1 0 1200 Ame	Dividern-Roadness

24727 NOV:	21 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	SIENE BEG. NO	o.	/ / 0
moy be , poge 3 ter death		CEASED NAME FIRST OR PRINT) JOSHU	MIDDLE Lloy	d Sn	nith	26. DATE OF DEATH	MONTH DAY YE	26. HOUR
ge 4 moy ector, po	3. SE.	Male	1. RACE Black	S. DATE C	BIRTH DAY YEAR 21 - 25	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
eath. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	NEVER MARRIED	Baltimore city o		TH ME
W sold		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N' (IF NOT IN SUCH FACILITY, GIVE Un'versity o			12a USUAL OCCUPATE (TYPE OF WORK FOR MOST ON A		ND OF BUSINESS OR
filled in nould be remust be	13a. S		other institution, give residence att 13c. CITY OR	RIOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS		21217
om plytely om 2 sk	14. F/	GII	MIDDLE LAS	n (15	IS. MOTHER'S MAIDEN NA	WIDDLE	\$	Smith
on and Poge		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	S WAR OR DATES	SECURITY NO.	NORVIE EMANL	FF 3104 W.	Garrison /	
Carlo de la companya		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	BETV	PROXIMATE INTERVAL WEEN ONSET AND DEATH				
that the dott of by the attending one remarks out of cremation, or cother traumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONS	ole Inh	tanbdominal	Infection	>	· 18 days
equires Then pla or to buris	NOIL	PART 2 OTHER SIGNIFICANT C	s, hlo Co	lorectal	Carcinoma	(1982)		
The for- cian.	CERTIFICAT	190. DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO		206 AUTOPSY? YES NO□	20b. IF YES, WERE FI IN CERTIFYING CAL YES	USES OF DEATH?
NG PHYSICIAN. The low-req otherding physician. The this certificate has been a or the burnol-transf permit. The hand Mantal Hygene prior to acked as lean 18 shows any night	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM IS PART I OR PAR	स 2)
offer this or the but and M anked or and M	WEDI	21d INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		711 LOCATION STREET NIA	CITY OR TO		TY STATE
OR ATTEND me hospital or DIRECTOR: A cocked for vive Dept. of Heal		270 I certify that () (this haspin sow the deceased alive on above, () (we) (did) (did not 27b. SIGNATURE	November 13	19 86 , ar	d that in (aur) opinion DEGREE ATTENDING	death occurred on the do	ate and have ond from	
O HOSPITAL Burned by 1 O FLINERAL Booked by deter In the State		22d. PHYSICIAN'S NAME (TYPEO Mark Allan V	OR PRINT)		PHYSICIAN [22e ADDRESS 22 S. Greene Bellimore, A	Street	IAN X	/13/86
BP	23a. 8	BURIAL, CREMATION, REMOVAL			Forest VA	Owings Mi	lls,	Md . STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR rch Funeral Hom	nes 1101 EAST	North A	venue NOV	20 986	15) REGISTRAR'S SIG	NATURE No Rendelle

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4177 NOV	188	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE O O	3 1 / / 1
	1	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	NTH DAY YEAR 25 HOUR
oy be		TYPE OR PRINT) Ken	0	e M.	11/13/86	Z:20,1
9 9	3	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ctor	1	M	B	MONTH DAY YEAR 7	4 62	MONTHS DAYS HOURS MIN.
a 52/W	1 7	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMOPE CITY OF C	
も是の他	R	COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	0	Cotion un
8 3200	200	CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
s ofte	8	Baltimore	University, give st	REET ADDRESS)	(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
hod a	21	SUAL RESIDENCE (IF NURSING HO)	AE OR OTHER INSTITUTION, GIVE RESIDENCE BE OUNTY 136. CITY OR T		13e.STREET ADDRESS / ZII	21144
25 建黄金矿	27	mo Ann	1		729 Que	P CODE
一人是心脏力的	111	FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	21310011 176
ed within 24 ho	4	Edward-	MIDDLE LAST	th milti	MIDDLE	Johns
cute S Cont	A 16	o. WAS DECEASED EVER IN U.S			ADDRESS	20 883
ond oge	1		S, GIVE WAR OR DATES)		2015	Willage Rd-
be be	-	yes			ennings 8158	
hysicate opposite of the contract of the contr	11	18. CAUSE OF DEATH (Enter	er anly one cause per line for (a), (b) USED BY:	, and (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertif bong rem			DIATE CAUSE (a) CONT	on Donney.	avere	
O T			DUE TO, OR AS A CONSE	QUENCE OF		144
deoth ottend ove ca rtian, o		Conditions, if any, which		- Chian Sy	udune	4 days
the the er tr		gove rise to immediate cause (a), stating the		QUENCE OF		3
by by oth car		underlying cause lost	1 meta		ner	3 morthy
ined the plea		PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	FRMINAL DISEASE OR CONDITIE	ON GIVEN IN PART 1(g)
equir sig Then to b		7 Post	obstrus &	neurona		
ony prior	7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	CH OPERATION WAS PERFORMED	20a. AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
hos ws c	1	¥			IN.	CERTIFYING CAUSES OF DEATH?
N: The land sysicion.	4	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN JURY OCC	CURRED (ENTER NATURE OF INJURY IN	YES NO
SICIAN: Tog physici og physici certificate rial-tronsi ental Hygi	///	OR CONTRIBUTION OF CHIEF OF	F DEATH HOUR A.M. MONTH	DAY YEAR	CORRED (ENTER NATURE OF INJURY IN	IICM 16 PART 1 OR PART 2)
tySiClA ding pl is certif buriol-t Mentol	fred	(IF EITHER, NOTIFY MEDICAL EXAM		21f. LOCATION		
		WHILE IN NOT WHILE IN	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
ING PI		WHILE NOT WHILE AT WORK				
R: A			ospital) attended the deceased fra	m 10 30 , 19 8	10 10 11/13	, 19, that [li (ve) ast
TTE spiro		sow the deceased alive	d not) view the body after death.	9, and that in (my)(aur) opin	ian death accurred an the date of	and hour and fram the causes stated
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Short Short	2		VAL 122 DATE 10	- Li be		1710-1177 21201
22	2.	BURIAL, CREMATION, REMO	23b. DATE 11/18/86	3c. NAME OF CEMETERY OR CREMATO	CITY OF TOWN	Mills MD
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DHMH - 16 60M 7/8	4 24	Wm. March	F/H 1101 FADDRES	sNorth Ave.	DATE REC'D. BY RECESTRAR 216.	REGIS MARS SIGNATURE
(VRA 15. 4)		win. C. maich	* \ 17 TTOT TO.	1107 011 1110	The Table	

STATE OF MARYLAND

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ARY	pletel	E COMMENT		FIRST	MIDDLE	ST	Le o, de	MIDDLE	ne	AOIE -
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9	the came	er †ro		gove rise to immediate couse (o), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
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ALF	The tonor.	No K	RTI					YES NO	YES 🗍	№ □
- X		38		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	LIQUID A MA MONIT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
9	SICIA ng ph certifi riof-ti	E /	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19				
NOISION	HY sis	0	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NN COUNTY	STATE
<u> </u>	offer hon	rked	<	AT WORK NOT WHILE AT WORK						
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	OR A e ho DIRE Ched	te l		226. SIGNATURE	1 11 ,	,	DEGREE ATTENDING	MEDICAL STAF	-	ATE SIGNED
	by the	±		Herrord	~ shaul	~ My	PHYSICIAN [3/36
	SPI SPI SPI SPI SPI SPI SPI SPI SPI SPI	KIA		22d PHYSICIAN'S NAME (TYPE O	OR PRINT)		27e ADDRESS		C 01	. —
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	T s y		23a. B	URIAL GREMATION, REMOVAL	20% DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	REQUINTY	H CHATE
	BP		1	Dureay	11-12-66	New to			0, 00	IN CON.
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025119 NOV		FOR DSIATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 3	1//3
0 0 0 1 1 0 1101	-	U GISTRAR	MUDIE	CERTIFICATE OF DEATH	REG. NO.	
# P.#		CEASED NAME MAT	RION ESTELL	SMITH	11/23/86	26. HOUR 11:26 am
may b page hr dea	1.5E	- 1	4. RACE	5. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
a de 4		Female	black	MONTH DAY YEAR	69 YRS.	NIHS DAYS HOURS MIN.
Conf. Po		RIMPLACE () THE ORTONION	US A	MARRIED A NEVER MARRIED WIDOWED DIVORCED	Baltimore Country	F DEATH MD
5/11/40	B	altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION	126, KIND OF BUSINESS OR INDUSTRY
ND 212	USU.	AL RESIDENCE IV HURSING HOME OF	OTHER MUTHUTION GIVE RESIDENCE BEFO NTV 134 CITY OR TO	DRE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	21216 Place
Call Spoon	P	THER'S NAME	MEDIA HASI	15. MOTHER'S MAIDEN NA	MIDDLE	LI LAST A 12 OLL
MORE, A		VAS DECEASED EVER IN U.S. AR	MATOR BAIRS 217- 6	CURITY NO. 17 INFORMANT	. Smith 1214	Oakhurst Place
DS, 201 W. PRESTON ST., 8AL quires that the death certificate signed by the attending physicism has please remove carbon appear to buring, or removal, jury, or other traumotic event, the	NO	Conditions, if any, which gove rise to immediate coute to stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF AS	LESPY Arre	MINAL DISEASE OR CONDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A RECORDS	TIFICATION	No DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, VIN CERTIFYII	WERE FINDINGS USED NG CAUSES OF DEATH? NO NO
CLAN 11 physics of phy	AL CER	21st ACCEPTAT WAS DISTRIBUTED ON CONTRIBUTING CALLES OF DR. LIFE EITHER HOTHEY MEDICAL EXAMINE	ATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
DIVISION OF NG PHYSICIA offending p of the buriefal th and Mental arked or fen	MEDICAL	ZIA INJURY OCCURRED	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
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TOTAL TOTAL TOTAL TOTAL		URIAL CREMATION, REMOVAL	1 23h DATE 73	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		Burial	11/28/86 G	arrison Forest Vet	Owings Mills	COUNTY STATE Md
DHMH - 16 60M 7/B4 (VRA 15, 4)		rch Funeral Home W	est 4300 Wabash Ave		TE REC'D. BY REGISTRAN 256. REGISTRA	Ociden Rudoll

Davidson.

(VRA 15, 4)

STATE OF MARYLAND

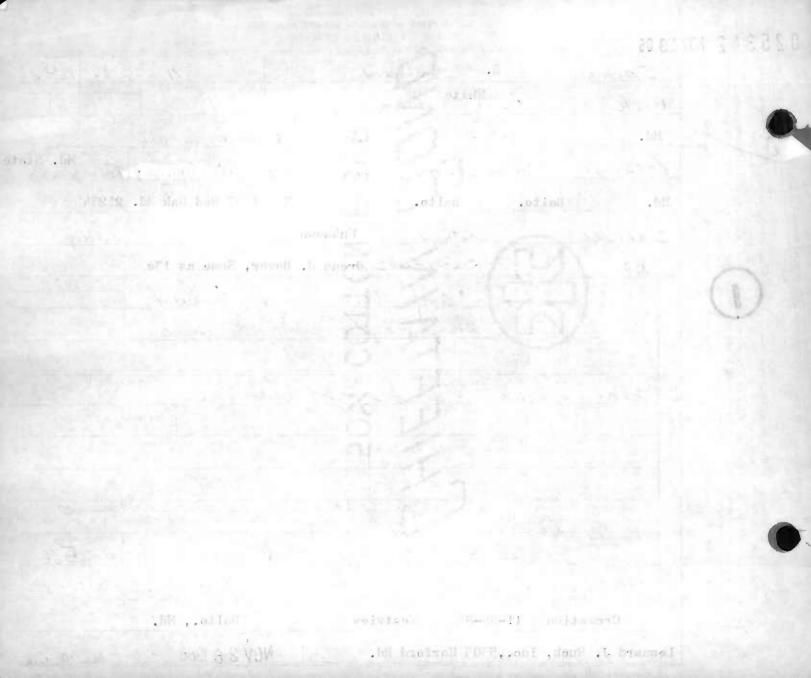
and the second James As Porton & Sons 1701 Caurens St. 1902 Add Control of Family

			STATE OF MARYLAND	7,	2 1 7 7 /2
20010 000	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYG	IENE O	3 1 1 1 0
26318 DEC	-8	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	1
		CEASED NAME THIS	MIDDLE LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 74	11111	JOHN	SMALINSKI	il.	-30-86 M
1 10	1.56		4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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and the second	10. C	TY OR TOWN OF DEATH	WIDOWED DNORCED	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
1 42	DA	11:000	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	TYPE OF WORK FOR MOST OF WORK	
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9 9 9 9		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT	C:M: 1 Mass	2011 50/ 500
3 54 1		NO -	- 1912-28-056 IIIIARGARET	SNIDHNSKI	9914 EADIERA
at on the state of		PART I DEATH WAS CAUSE	nly one cause per the fall (a) (b), and (c).	11 20/20-5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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deo deo deo deo deo deo		Conditions, if any, which	(a) Moes Horse	USEN3	
1 1111		gave rise to immediate cause to stating the	DUE TO, OR AS A CONSEQUENCE OF		
there are a contract of		underlying couse fast.			
1 510	7	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
章 是 章	IFICATION				
1 4 6 6	CA	IN DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
25 23 1 1 1				YES NO	YES NO
A STORY WA	GER	OR CONTRIBUTING CAUSE OF DEA	THE PARTY OF THE P	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
20 101	SA	CIFETHER NOTIFY MEDICAL EXAMINER	P.M. 19		
## ## a/	WEDIC	114 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET	CITY OR TOWN	COUNTY STATE
Of the	2	AT WORLD AT NOT WHEET OF	(ATTOME STREET, FACTORY, OFFICE, FARM, ETC.)		
A A STORE		27=1 certify that II) Ithis hospi	ital) attended the deceased from	, to	, 19, that ((we))ost
Para Para Para Para Para Para Para Para		new the deceated alve on	and that it implicate) opinion and the the body after deoth.	death occurred an the date on	d haur and fram the causes stated
A Marie A Mari		22h SIGNATURE //	DEGREE		22c DATE SIGNED
24 74 A		Menton	ATTENDING PHYSICIAN	MEDICAL STAFF	1/2-3-86
E 4 2 2 2 3 7		220 PHYSICIAN'S NAME (TYPE		-0/	(1)
FUNER HUNER Old be o		7.7.11	17NTK My) 479	Check of	
54 54 34	23e	IURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY	23d LOCATION	1
D.D.	R	SPECIFY)	12 4 86 10AKLAWN CEM.	City OF TOWN	COUNTY STATE
BP	2	LIRAL DIRECTOR		TE REC'D. BY REGISTRAR 25b. RI	E CO. MD.
DHMH - 16 50M 4/83	V	MAME DAVIEL	ADDRESS DE LA	EC 5 1986 /	
(VRA 15, 4)	W	LLUKUWSHI F	UNEXAL HOME 2525 FIEETOM.	-0 3 1900 (when Trender Pondage

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5921	DEC -	318	FOR STATE			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	3	1/	11
	100		REGISTRAR					ASI	REG. N		DAY YEAR	Tay was
noy be	6		CEASED NAME OR PRINT)	FIRST		NIDDLE	SNI		20. DATE OF DEATH	1-29	9-86	0505 A
e 4 mo	S one	3. SE)	EMALE	4.6	CAUCA	SIAN	5. DATE C	F BIRTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIR		WONTHS DAYS	HOURS MIN.
Pag dire	10		RTHPLACE (STATE OF F	OREIGN 7b.	-	WHAT COUNT	SY? 8.	ST NEVER HARRIED A	9. BALTIMORE CITY O		OF DEATH	
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d within	9		THER'S NAME FIRST Ernest	WIDE	DIE	Cleve	land	15. MOTHER'S MAIDEN NA FIRST Eva	ME MIDDLE		Sho	rt
e execute	C		VAS DECEASED EVER	IN U.S. ARMEI		166. SOCIAL SI	CURITY NO.	17. INFORMANT Richard H. S	addresider, Sr.L	ss 6 Edwa othiai	ards La	ne
de b	10		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only o	ne cause per	line for (a), (b)	and Ici.)	METAL OF		11,-115	APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEATH
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deo	roun		Conditions, if ony,	which	(b)	NECR	0712/NG	PANNOUL1	115- SEPSIS			
thot the	ol, cremo	1	cause (a), stating underlying cause	g the	DUE TO, OF	DIAB C	OUENCE OF	ELLINS				
gned	burio burio iry, o	7	PART 2 OTHER SIGN	VIFICANT CON	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 110	a l
red s	or to	0	CHRONIC	RENI	AL FI	MLURE.	1 08	ESITY	Y	Tani is use	111505 50 10 10	
The law ion.	iene pri	CERTIFICATION	19a DATE OF OPERAT		196. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	YES NO.	IN CERTIF	S, WERE FINDING YING CAUSES	
ICIAN: The g physicio ertificote	Mental Hygier Item 18 sta		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN STEM 18 P	PART I OR PART 2)	
G PHYSI ottending er this ce	ond Me	MEDICAL	21d. INJURY OCCURR	RED	21e. PLACE			21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TENDIN Ital ar o	ar use os if Health		220.1 certify that () sow the decease abave, (1) (we) a	(this hospital)	. /	0 /	took I	d that in (my Your) opinion	death occurred on the de	ate and hou	19 8 ,	that (I) (we) lost
R ATT hospir	ept. o		22b. SIGNATURE	lid)]did not) v	iew the body	affer death.		DEGREE			22c. DATE	
ITAL O by the	Stote Del		22d. PHYSICIAN'S NA	m B.	31	noles	120	ATTENDING PHYSICIAN [MEDICAL STAI	IAN	11/2	9/86
TO HOSPITAL retained by the TO FUNERAL	with the State IMPORTANT: If		Kenn	B. G	ELROL	0			ENE ST, B.	ALT.	mo	
Te Te	S 5 4	23o. E	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP			Burial		12/1/8	36 M	aryland	Veterans Cen			P.G. M	laryland
DHMH - 16			INERAL DIRECTOR			- 61	60 Oxon	Hill Rd. or	C 2 1986	1 .		
(VRA	15, 4)	G	eorge P. K.	alas Fu	meral	Home O	xon Hil	1. Md. UE	U Z 1000	Julia	Durden.	Kandall

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025338 NOV 2	Item # 17 Film G 62 FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	1780
	(TYPE OR PRINT) DORO	THY	SPEAKS	Ze. DATE OF BEATH	286 2:56,
ge 4 may be ector, page 3 rs offer death	3. SEX	4. RACE B	5. DATE OF BIRTH 8 2 3 2 1	6 AGE (IN YEARS LAST BIRTHDAY) 7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Por	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	76. CITIZEN OF WHAT COUNT USA	WIDOWED DIVORCED	BALTIMORE	CITY MD.
201 rs after filed wit	DALTIMORE	THE JOHNS I	HOPKINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE LAB ASSIST.	12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	USUAL RESIDENCE (IF NURSING HOME 130 STATE MD	UNTY 13c. CITY OR T	IMORE YES NO	130, STREET ADDRESS / ZIP CODE 1400 E. MADIS	ON 21205
MARYL mpletel	ALFONZO	MIDDLE NEAL	15. MOTHER'S MAIDEN N AMANDA	MIDDLE	SMITH SMITH
TIMORE, COLOR OF STREET	160 WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) [16 YES.	ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES) 21414	Albert Neal	ADDRESS -2038 CLIF	TWOOD AVE,
DIVISION OF VITAL RECOLOS TO DW. PRESTON ST. BEATIMORE MARYLA AL OR ATTENDING PHYSICIAN: The low regard has in-parallel certain due de encuted within the hospital or attending physician. AL DIRECTOR: After this certificate has been taken by the encount of the confidence of the buriol-transit permit. These places confidence of the other and Mental Hygiene prior to buriol, certificate the new tennes. The property of Health and Mental Hygiene prior to buriol, certificate the confidence of them 18 shows any inquy, as attent not mental certificate expining.	Conditions, if ony, which gove rise to immediate couse [o], stating the underlying couse lost. RART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 22a.1 certify that (1) (this has sow the deceased alive	DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 19b. CONDILION FOR WHOM 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFF	EQUENCE OF COUNTY OF THE TERM PROPERTY OF THE TERM	MINAL DISEASE OR CONDITION GIVE 200. AUTOPSY? 200. IF YES IN CERTIF YES NOW CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR DEPLYSICIAN MEDICAL	COUNTY STATE 19 Steel that (I) (we) lost or ond from the couses stated
TO HOSPITAL retained by the TO FUNERAL should be determined to the Store IMPORTANT: I	23a. BURIAL, CREMATION, REMOV	ree MD	226 ADDRESS CONTROL OF CEMETERY OR CREMATORY	DOWNS HORKINS HOSPITA DOO N. WOLFE STA, (
BP	BURTAL	1128-86	MT. CALVARY	ANNE ARUN	
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FUNERAL DIRECTOR NAME MARCH FUNERAL	HOME 1101		ATE REC'D. BY REGISTRAR 25b. REGISTI	MAR'S SIGNATURE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

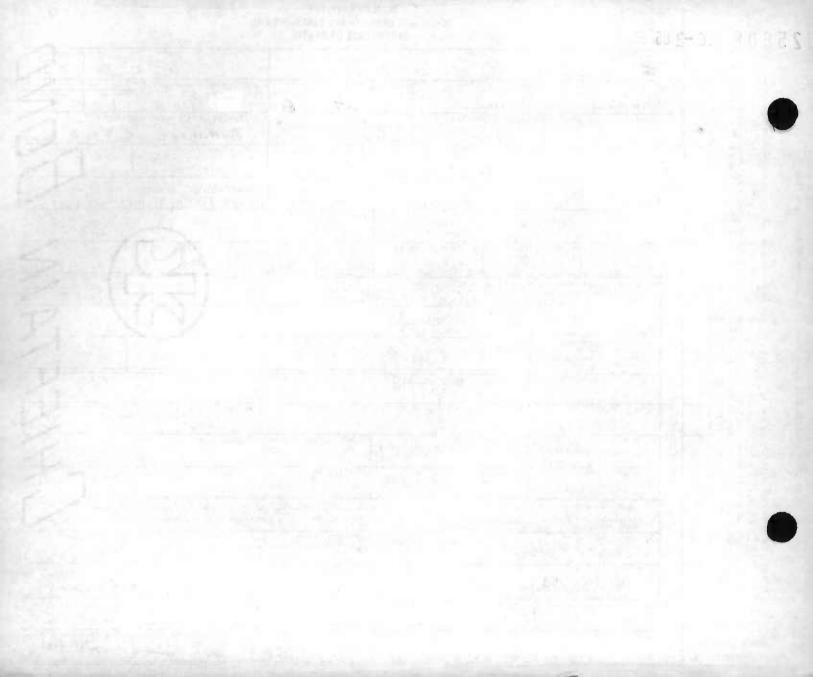
Julia Davidson Randale

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

Chas. A. Rice FSPA 1300 Euraw Place

2007		1.	FOR			DEPARTME		OF MARYL		TNE	3 6	3	1	/ 8	\$ 54
1237	S I NOA I	3 101	STATE REGISTRAR		ME	DICAL EX	AMINER	'S CERTI	FICATE C	OF DEAT	Н	REG. NO.			1.5
		1. DE	CEASED NAME	FIRST		WIDDLE		LAST		26	DATE KNO	WN IV	MONTH	DAY YEAR	26 HOUR
	ASE LES. EET,			CAROL		E.		SPENCE	ER	100	OF ES		11	7 1986	M
	RY, PLE DIRECTO DUR FIL 72 HOU	3. SE	BLE		DATE OF BIRTH	YEAR	AGE (IN YEARS) LAST BIRTHDAY) OYRS.	MONTHS DAY	R. IF UNDER		DATE RONOUNCE DEAD		11	7 1986	3:10 Am
•	NECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS N. PRESION STREET,	7a. B	IRTHPLACE (STA	11 A 76.	CITIZENOFWI	5 A		MARRIED 2	NEVER MARR	RIED 📋	Balti	more	77	OF DEATH	MD.
*	影影4	10. C	Baltimor	OF DEATH	NAME OF HOS (IF NOT IN SUCH FA aryland	CHITY GIVE STREET	(ADDRESS)		OOA)	120 USUA	L OCCUPAT OST OF WORKING			26. KIND OF BU OR INDUST	JSINESS
21201	ANY DEL AND 3 RETAIN 1 COULD BE RECORDS,	USU		IF IN NURSING HOME OR OT 13b. COUNTY	THER INSTITUTION, GI	VE RESIDENCE BEFO	DRE ADMISSION)		IDE CITY LIMITS?	130. STREE	T ADDRESS	ノング	21-	ALL.	
MD.	ATH. IF.		ATHER'S NAME ERST JAME	FS F. 3	PEN	CE RAST		15. MO	THER'S MAID		MIDDLI		RD	LAST 2	
BALTIMORE,	URS AFTER DE GIVE PARTIEN PARTIEN PORTIEN FOR THE FORMAL FOR THE PARTIES ON THE PARTIES OF THE P	160.		EVER IN U.S. ARMED	FORCES?	16b. SOCIAL	SECURITY N	D. 17. INF	ORMANT	954	FUCI	DDRESS	10	234	I Ar
	24 HOURS AF ITEM 18. GIVE IONG WITH I PERMIT. PAG GIENE, DIVISIONAL.		18 CAUSE OF PARTIDEA	DEATH (Enter only of ATH WAS CAUSED BY IMMEDIATE C	(: AUSE (o)		sclero		rdiovas	scular	disea	se	771	APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	UUID BE EXECUTED WITHIN 24 HOURS "PENDING" IN PENCIL IN ITEM 18. G EF MEDICAL EXAMINER ALONG WIT EF MEDICAL EXAMINER ALONG WIT EF AS AS A BURIAL - TRANSIT PERMIT. P HEALTH AND MENTAL HYGEIENE, DIV AL, CREMATION, OR REMOVAL.		gove rise	s, if ony, which to immediate stating the <u>under</u> e lost.	(b)	AS A CONSEC									
CORDS	SA B LITH A REMA	NO	PART 2 OTNER SIGN	NIFICANT CONDITIONS CONT	FRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR COND	DITION GIVEN IN PA	ART 1 (a)					
ITAL RE	SHOULD ORD "PE CHIEF A E USED A TOF HE URIAL C	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WH	ICH OPERATI	ON WAS PERF	FORMED?					20. AUTOPSY	? NO 🔀
ONOF	THE WE TO THE WOULD BY ARTMEN			OR G CAUSE OF DE A	TH P.M	. MONTH DA	Y YEAR		URY OCCURRE	ED LENTER NA	TURE OF INJURY	IN ITEM 18 PAR	T I OR PART	2)	
DIVIS	WRITING VARDED AGE 3 SI TATE DEP	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK		OF INJURY () TORY, FARM, ETC.)	AT HOME, 2	If. LOCATION STREET			CITY OR TOWN		COUN	91A	STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD I EXECUTE THE CERTIFICATE, WRITING THE WORD "PER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF M TO FUNIERAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEAR BALTIMORE, MARYLAND, 21201 PRIGNETO BURIAL,		deoth resulted	that I took charge of		Accident	held on], Suicide	TITL	. Inspection omicide	Undeter	Inquiry	er .	DATE		36
	O MEDICAL XECUTE THE AGE 4 SHO O FUNERAL FTER DEATH ALTIMORE, I	1	EXAMINER'S N (TYPE OR PRIN		em M. Za	ane, M.	D.	ADDRES	111	Penn :	St., B				
07/84 25M	BP		URIAL CREMATI SPECIES) SUL 212 UNERAL DIRECT NAME	OR 23b C	DATE -13-80	6 Mts	Calul Calu	RY OR CREM	Cem.	REC'D. BY R	-0 6	nunc Sb. REGISTI	Sele RAR'S SIC	Sount S	inte md
	(VR A15 ME (5))	1	ALVIA	08.Sc	RUGG	5 7	Prest	2015	H NOV	110	1986	Julia L	Toridas	n. Render	4





STATE OF MARYLAND

025111 NOV		REGISTRAR	DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO.	31/84
age 4 may be tractor, page 3 surrather death		temele	White Man		6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	DAY YEAR 2b. HOUR 22.86 635 PM FUNDER 1 YEAR FUNDER 24 HRS. MONTHS DATS HOURS MIN.
a ather death. P	100	seachuels	76. CITIZEN OF WHAT COUNTRY? 8 MARR WIDOV 11. NAME OF HOSPITAL, NURSING HOME (IF NO IN SUCH FACILITY, GIVE STREET, ADDRESS)		12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING II) HOUSE: WIFE	MD.
MARYLAND 212 minimum (bed in tone) and 2 the lid be tone)	130 TALE	aryland 13 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NO FIRST	130 STREET ADDRESS / ZIP COD	E
te be seed to cond to condition to condit	1100	VAS DECEASED EVER IN U.S. ARA 125, NO DRUNINGWINI (F 121, GM	WED FORCES? 166 SOCIAL SECURITY NO. 213-03-145	17 INFORMANT	ADDRESS Lake 4880 Lucerne Lak	e Worth, F1 33467
DS, 201 W. PRESTON ST., B quires that the death certifica signed by the ottending phys hen please remove carbon pay to burial, cremotion, or removiquy, ar other traumatic event.	NOI	Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost.	E CAUSE (o) UA ICCINI	DR SPRAT	Methos hases	6 m/hs.
IAN: The low requiphystican. Physician. Physician bos been significate has been significate has permit. There of Hygtene prior to keep and 18 shows ony injur	A CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEA	21d HOW INJURY OCCUP	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
DIVISION OF VITAL TITENDING PHYSICIAN: The spitol or ottending physician CIOR: After this certificate he for use as the burial-troasing of Health and Mental Hygier of Health and Mental Hygier 1 is marked or Irem 18 show	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHITE AT WORK 22a.1 certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not obove, (1) (we) (did) (did not obove, (1) (we) (did)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) (a) oftended the deceosed from 1986.	211 LOCATION STREET	CITY OR FOWN 11-22 1 deoth occurred on the date and ha	COUNTY STATE 19 8 6, that (I) (we) lost ur and from the couses stated
TO HOSPITAL OR A retoined by the hospital of the hospital of the should be detoched with the Stote Dept.		276. SIGNATURE 724. PHYSICIAN'S NAME ITYPE OF	ZAW-WIN, MD	ATTENDING PHYSICIAN 172 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN DE Cori ATRIC	21215
BP DHMH - 16 50M 4/83	24 F	BURIAL, CREMATION, REMOVAL (SPECIFY) BUT14 UNERAL DIRECTOR NAME	11/23/86 Shuare	SVIIIe, MD 250 DA	23d. LOCATION ROSEGALE JE REC'D. BY REGISTRAR 23b. REGIS	3alt, MD.
(VRA 15, 4)	He	brew Memorial	F.H. Inc. 1100 Reiste	rsTown/(d)	40 1999	A Section of a section of the

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Harry James Commencer Comm

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Leonard # . smort, Anc. Sal Minore, Impriand

976-11-10

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	I. DEC	OR PRINT)	FIRST	,	MIDDLE		LAST		2a. D	ATE OF DEA	нтиом НТ	DAY YEAR	2b. HOUR
oy be poge 3	,		ARIE		R.	ST	AMM			1-19-	86		10:50 M
moor tero	3. SEX	(4 RACE		S. DATI	OF BIRTH	YEAR	6. AC	E (IN YEARS L	AST BIRTHDAY)	MONTHS DAY	
4 of	1	FEMALE		WHI	TE	1		17		69	YR		J HOOKS MIN.
1 2 86		RTHPLACE (STATE OR F	DREIGN	7b. CITIZEN OF	WHAT COU	VTRY? 8 MARE	ED K NEVER	MARRIED !	9. BA	LTIMORE C	ITY <u>OR</u> COU	NTY OF DEATH	
		Maryland		U.S.		WIDO		WORCED [ore City	
1 1 11	10 CI	TY OR TOWN OF DEA	TH			URSING HOME E STREET ADDRESS)	OR OTHER IN	STITUTION		JSUAL OCCI	UPATION MOST OF WORKIN	IG LIFE) INDUSTR	OF BUSINESS OR
2 4 14 6	-	Baltimore	2	St	Agne	s Hospi	tal		H	ousewi	ife ·		
ND 2120	13a. S	TATE	13b. COUN	ITY	13c. CITY OF	R TOWN		CITY LIMITS?	13e.S	TREET ADDR	RESS / ZIP CO	ODE	
AN in 2		Maryland			Balti	more	YES 束	NO 🗌	1	06 S.	Monsta	ary Ave.	21229
With with WRYI	7 6	THER'S NAME		MIDDLE	LA	ST	15. MOTHER	R'S MAIDEN I	NAME	MID	DLE		LAST
W ted		Henry				mm		izabet	h			M	lcGraw
BALTIMORE, MARYLA		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	16b. SOCIA	L SECURITY NO	17. INFORM	ANT		A	ADDRESS		
TIM	_	NO			212-	46-5412	Clare	nce St	amm	106 9	S. Mons	stary Av	
BAL ut, th	70	18 CAUSE OF DEATH PART I. DEATH W.	LEnter on	ly one couse per	line for (o),	(b), ond (c).)						BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
ST.		IMMEDIATE CAUSE (0) CARING PACKEST											
e death the control of the carbination, extraormatic				DUE TO, O	R AS A CON	SEQUENCE OF	p-1.					0	1
deot deot offer of the prior		Conditions, if any, gove rise to imm		(b)_	MOLT (PL	E ORGA	O PAIL	ORC				O.	days.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death of the offending physician. After this certificate has been signed by the ottending as the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, are norked as thereal's shows any injury, or other troumatic even		couse (a), stating underlying couse	g the	DUE TO, O	RAS A CON	SEQUENCE OF	1186.6	1 100	A11.	10	1044	10	1
ed by pleos	113			10.		L STE.							CORIC
puire signa pen p pury,	z	PART 2. OTHER SIGN									BABLY		lto.
on in the interest in the inte	ATIC	190 DATE OF OPERAT	OWE	LIST COND	TION FOR V	VHICH OPERAT				a AUTOPSY		YES, WERE FINI	DINGS LISED
REC Iow no. no. berm ne prime	CERTIFICATION	11/17/86	1014			DWEC (1)		INCE	RTIFYING CAUS	ES OF DEATH?
TAL Sicion Ste h Sicion	ERT	210. ACCIDENT WAS UND	ERLYING [216 TIME O		2000				S NO		YES TO PART 2	NO 🗌
ON OF VITA PYSICIAN: T ding physic s certificate buriol-frons Mental Hyg K Henral 8 sh		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.	M. MONT	H DAY YEA	R	NAJORI OCC	.OKKED (ENIER NATURE	OF INJURY IN HEM	I IS PART I OR PART 2	1
YSIC ling write Ment	MEDICAL	(IF EITHER, NOTIFY MEDIC		P. 21e PLACE		19	211 LOCAT	ION					
r this the band /	ME	WHILE NOT WH	ILE 🗆			OFFICE, FARM, ETC.)	STRE			CITY	Y OR TOWN	COUNTY	STATE
DIVG or office os the or	-30	AT WORK AT WOR	K _	. 1) . 11			11/1/86	10		11/1	9/8/0	10	1 (A) N :
To T		220.1 certify that (1)		11/19/8	6 deceosed	19	1	(our) opini	on death	occurred on	the date and	hour and from t	_, that (1) we) last
ATT ATT OSPIN		abave (1) we (d	id) (did no	t) view the body	after death.		DEGREE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		000000000000000000000000000000000000000			ŢE SIĢNED
DIR DIR The H		Minhant	2001	1/ann			M.D.	ATTENDING	G _ ME	DICAL	STAFF HYSICIAN [19/86
By 1		22d PHYSICIAN'S NA	ME ITYPE O	R PRINTI			122. ADDD	cc					
O HOSPITAL etoined by ti TO FUNERAL should be det with the Store MAPORTANT:	100	MICHAE		· MACC	N. M	7. D.	am,	MATON)	AUG	. BA	ALTIMON	26 MD.	21229
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I MAPORTANT: If	220 5	URIAL, CREMATION,		23b. DATE	/		CEMETERY OF			d. LOCATION			
	230. E	SPECIFY) Buria		11/22	/86					CITY OF TO	WN	Baltin	ore Md.
BP	24 FI						on Fore	1	DATE-REC	WINGS	Mills	ISTRAR'S SIGN	ATURE -
DHMH - 16 60M 7/84 (VRA 15, 4)	LI	ubbard Fund	eral '	Home. In	nc 41	Ny Wilk	21229 ens Ave		NU	1211	986	Julia Deora	bon-Randale

			FOR STATE		D	STA EPARTMENT OF		ARYLAND AND MENTAL H	YGIENE 6	3	1/8	1
125	201 101	-	REGISTRAR		MED		IER'S C	ERTIFICATE O	FDEATH	REG. NO.		
JZJ	J O 4 HUV	T. TE	E OR PRINT)	FIRST		WIDDLE		LAST	OF	ESTI-	DAY YEAR	26. HOUR
	PLEASE ECTOR. P FILES. HOURS STREET,			Samue		AMES	STAN		DEATH A	MATED 11	/24/ 1986	M
	RECT RECT HO STR	3 SEX			S. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD		DER 1 YR. IF UNDER	MIN PRONOUNC	ED	DAY YEAR	11:2
	A NOUN YOU		IALE WE	HITE	7 6	/	RS.		DEAD	RE CITY OR COU	1/24/19 86	ам
-	NECESSARY, PLEASE FUNERAL DIRECTOR, 5 FOR YOUR FILES. WITHIN 72 HOURS WEEFON STREET	FC	REIGN COUNTRY) Comania		USA	AT COUNTRY?	MARRI WIDOW	ED NEVER MARRI	ED 🔲	altimore		MD
	X5.000 W	10. C	TY OR TOWN OF DE	ATH		ITAL, NURSING HOM	OR OTH	ER INSTITUTION	12a USUAL OCCUPA	TION (TYPE OF WORK		SINESS
1 70	A SEARCH	P	Baltimo	re	1921 Fr	ederick Av	e.		Painter	r (LIFE)	Reside	
21201	70390	USU/	TATE MD	136 COUN		RESIDENCE BEFORE ADMISS 134 CITY OR JOWN Baltimor		13d. INSIDE CITY LIMITS?	1921 Fre	21. ederick	223 Road	
WD.	*No.	14. E/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE			LAST	
	385	1	Unk	nown	MIDDLE	(ASI		Un:	known	ŊE	LASI	
BALTIMORE,	AFTER D IVE PAGES AGES ISICINIC		VAS DECEASED EVER ES. NO, OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	213-14-5		Anna E.	1937 Winnick	Wilkens Balto	Avenue MD 212	223
	SOE Z		18 CAUSE OF DEA	TH (Enter an	y one couse per line l						APPROXIMATE BETWEEN ONSET	INTERVAL
PRESTON ST.,	N 124 HOUR N ITEM 18. ALONG W IT PERMIT. YGIENE, D	-	PART I DEATH V				otic	Cardiovasc	ular Disea	se	BETWEEN ONSET	AND DEATH
STO	ZZKEZY					AS A CONSEQUENCE						
	MITHIN NCIL IN INER A RANSIT ITAL HY		Conditions, if gave rise ta	immediate	(b)							
201 W.			cause (a) statin lying cause lost		DUE TO, OR	AS A CONSEQUENCE	OF				in the same	
	ANAMA	13	PART 2 OTHER SIGNIFICA									
0	HOULD BE EXECTED TO THE MEDICAL CHIEF AS A BUT OF HEALTH AN URLAL, CREMATI	NO										
1 88	SED AL	1	19a. DATE OF OPER	ATION	196 CONDIT	ON FOR WHICH OPER	RATION W	AS PERFORMED?			20 AUTOPSY?	
N N	WORD " WORD " WORD " WORD F WO	1 1									YES 🗆	NO [X
DIVISION OF VITAL RECORDS,	A H COULT	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR		MONTH DAY YEA	R ZIc. HO	OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)	
VISIO	CERTIING TING SED T 3 SH DEPA	VEDIC	214 INJURY OCCUP	RRED	21e PLACE O	FINJURY (AT HOME,		CATION	CITY OR TOWN		OUNTY	STATE
ā	WRI WRI ARE AGE ATE	2		VORK					CH ON TOWN		001411	JIAIC
	JER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 HE STATE DEP (ND, 21201 PR		220. I certify that	I took chorg	e of the remove desc	ribed obove, held on	Autap	sy . Inspection	n , Inquiry	X and in my	pinian	
	MIN		death resulted from	m: Natur	ol causes X	Accident , Su	icide 🗌	, Hamicide .	Undetermined man	ner .		
	EXAMI CERTIFI ULD BE DIRECT , WITH		ACTUAL		A	NI		TITLE (SPECIFY)		DAT	11/0//0	
	SE S		SIGNATURE		-		M	D. Assistan	t MEDICAL EXAMIN	VER SIGN	IED 11/24/8	86
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE! TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F	+	EXAMINER'S NAME (TYPE OR PRINT)	Gre	egory R. K	auffman, M	.D.	ADDRESS1	11 Penn St			
	DASDAS _	23a.B	URIAL, CREMATION,	REMOVAL 2		23c. NAME OF CE			23d. LOCATION	co	UNTYST/	ATE
07/84 25M	BP	B	Crematic	n 1	11-26-86	Securit	-		Catons		Balto.,	MD
23141	DHMH - 17		NAME			Catonsvil	le,	MD 250. DATE R	2 6 1986	1256 REGISTRAR'S		
	(VR A15 ME (5))	IAIS	cNabb Fu	ınera.	1 Home,	21228		140 4	L () 1000 /	20000	V. Verreit	



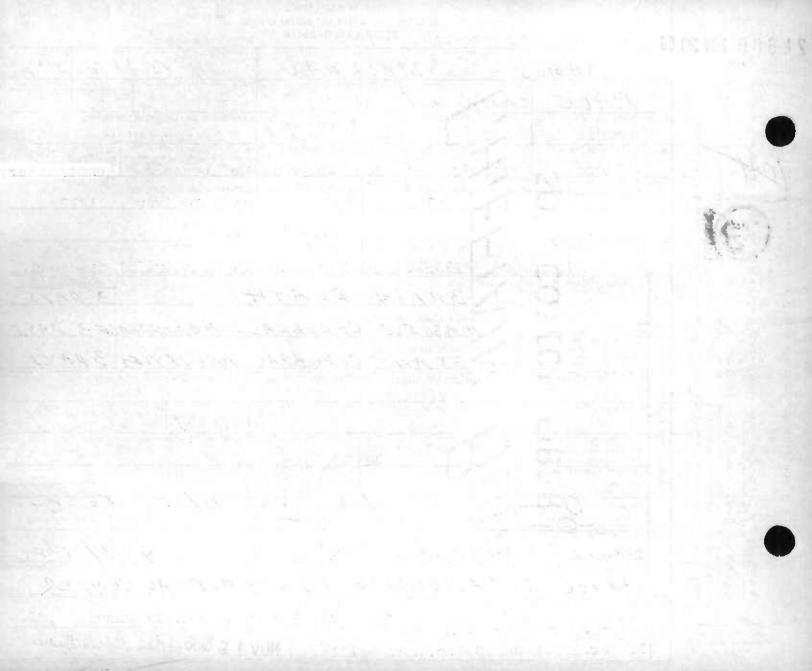
h	FOR	STATE OF MARYLAND	8 5 3 / 8								
1 1 1 0 11011	- STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH									
44 6 NUV	DECEASED NAME FIRST	MIDDLE LAST	REG. NO. 26 DATE OF DEATH MONTH DAY YEAR 26, HOUR								
6 m c	(TYPE OR PRINT)	Osca Stabers	11 -08- 0 1245								
may be page 3	MCICA	ROSS TIEDINS	0 00								
ofter p	3 SEX	S DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN								
rs o de	remale	White 2 28 01	85 yrs.								
	7a. BIRTHPLACE (STATE OR FOREIGN 7b. CI	TIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH								
funeral ithin 72 d or one	Iowa	45 WIDOWED DIVORCED T	RALto City								
he funder dec	10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION 126 KIND OF BUSINESS C								
by the fu	BAI to R	DLAND PARK PLACE	(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker								
2 22 2	USUAL RESIDENCE (IF NURSING HOME OR OTHER	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	01011								
24 hou led in lid be	130. STATE	136. CITY OR TOWN RALTO 136. INSIDE CITY LIMITS? YES NO	830 W 40+6 St Apt 854								
3 3 5 6	14. FATHER'S NAME	15. MOTHER'S MAIDEN NA									
	FIRST MIDDLE	LAST FIRST	MIDDLE LAST								
	Luther 160 WAS DECEASED EVER IN U.S. ARMED I	Ross Ellen FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	M. Bardwell								
Poge medica	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR	OR DATES)									
Pogoe exe	No	220 46 0285 Dr. Ernest	L. Stebbins - Same as #13								
ficate paper naval.	18 CAUSE OF DEATH (Enter only one	cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
- mcr>	PART I. DEATH WAS CAUSED BY:	USE (0) Hereit	FAILURE 31401								
ding orbo		DUE TO, OR AS A CONSEQUENCE OF									
death atendi ave cor ation, ai	Conditions, if any, which	Wheele tent	disease 50 %								
	gave rise to immediate	10/									
s that the ed by the oleose ren or other	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF									
ed by please rrial, cr		(c)									
sign sign ben p o bu jury,		ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 116								
9 EFE :=	19a DATE OF OPERATION 17a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21a.	AL CONDITION FOR WHICH OPERATION WAS REPEOBLED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED								
	M DATE OF OPERATION	96. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?								
N. The Ichysicion. Icote hos Icote hos Hygiene 18 shaws	T. L.		YES NO YES NO								
IAN: The physicio physicio in the core in 18 sha	21a. ACCIDENT WAS UNDERLYING	16. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)								
4 5 5 E		P.M. 19									
PHYSII this ce the buri		1e. PLACE OF INJURY AL HOUSE STREET	CITY OR TOWN COUNTY STATE								
IG PHYSIC ottending of the buries of the buries of the derived or	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CHYOK TOWN								
Z こちっさら	22a certify that (I) (this haspital) a	Hended the deceased from	, to 11-8- 19-86, that (I) (ma) L								
	saw the deceased alive an	11 - 8 - 19.86 and that in (my) form pointing	death accurred on the date and hour and from the causes stated								
OR ATTEN e hospitol DIRECTOR oched for up Dept. of He f them 21 is	abave, (I) (we) (did) (did not) view	v the body after death.	22c. DATE SIGNED								
OR A he has DIREC oched Dept.	THE SIGNAL X/										
· ·	140 0		MEDICAL STAFF 11-8-86								
HOSPIT FUNER FUNER and be on the Ste	22d. PHYSICIAN'S NAME (TYPE OR PRINT		Ech Au. betinn 21211								
TO HOSPITA etoined by TO FUNERA should be de with the Stat IMPORTANT	N.A. TETER VAN	Benkunny 3925 Be	Ech Av. biting 21211								
5 5 5 4 3 ₹		DATE 234 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE								
BP	(SPECIFY) Removal	1-8-86	COUNTY STATE								
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR		TE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE								
DUNNIN - 10 DUN 4/ 63	Anatomy Boa	ard Balto., Md.	1 1 1986 Milia Nevision Products								

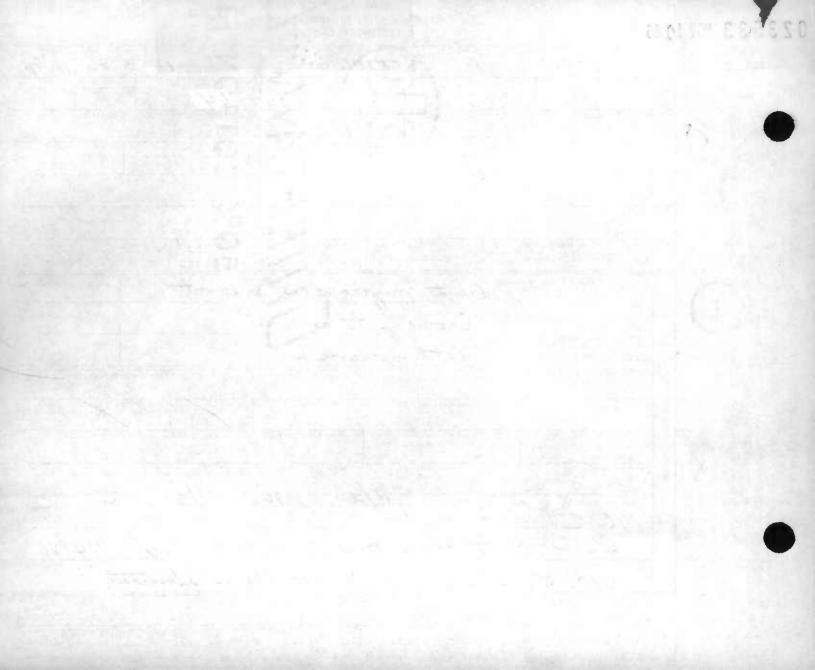
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	1.	FOR - STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 6 6	3 1	1 8 1
24 188 NOV 1	h D6	GEASED NAME FIRST	WIDDLE	·	A51		MONTH DAY YE	20. 11001
C I U ALE WOI	J. T.	MARY	IONE	STECK	ER		11/14/86	4 30 am
ge 4 moy l ector, pogr rs after de	3. SE	Female	White	Feb.		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS PAYS HOURS MIN.
4 11 0/	70. B	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	Н
1 15/2	Co	Conial Beach,	Va U.S.A.	WIDOWE	DIVORCED [BALTIMORE	CITY	MD.
5 1 1	BA		NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S STAGNES HOSE	TREET ADDRESS)	OR OTHER INSTITUTION	TOUS ON THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE		nd of Business or TRY naker
30	.₩SU 13a.	AL RESIDENCE (IF NURSING HOME OR OT IN STATE Md. 138 COUNTY Balt	imore Wood	efore admission) IOWN Lawn	13d. INSIDE CITY LIMITS? YES NO X		zip code odlawn Dr	ive
里 丰富的人	15	ATHER'S NAME FIRST MID	DLE LAST		15. MOTHER'S MAIDEN NA/	ME		LAST
1 1800	U	Howard -	- Mears	S	Pauline	М.		mond
IMORE oe exect no and Pages		WAS DECEASED EVER IN U.S. ARME YES, NOOR UNKNOWN) (IF YES, GIVE W	10.00 D . TEST	4-0687	Mrs. Polly	Crick®® Ann Benr	nett/ Md.	Voodlawn, 21207 PROXIMATE INTERVAL VEEN ONSET AND DEATH
DS, 201 W. PRESTON ST., BA quires that the death certificating physisigned by the attending physis hen please remove carbon pape oburiol, cremotion, or removaliny, or other traumatic event, it	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSE (b) Sev DUE TO, OR AS A CONSE (c) (c)	EQUENCE OF	Cardo polonomo NOT RELATED TO THE TERM	thy urrest.	DITION GIVEN IN PAR	RT Ira
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirents certificate how requires certificate been signed as the buriol-tronsity permit. There the and Mental Hygiene prior to be orked or trem 18 shows any injury.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE			
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R ATTENDIN hospital or RECTOR. After use a papt. of Health fee 21 is may		22a. I certify that (f) (this haspital) saw the deceased alive an abave, (I) (we) (did) (did nat) v	11/4	131	nd that in (my) (our) apinion	, tadeath accurred an the de	ate and haur and fram	, that (I) (we) last the causes stated
Oche by the by t		226. SIGNATURE	Rfc -			MEDICAL STAI DIRECTOR PHYSIC	F _ /	DATE SIGNED
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	23a	(SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	01.5	Burial	11/17/86	Baltim	ore Nationa	L CemBo	iltimore,	Maryland
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR Sterli				V 4 5 1300	Z38. REGISTRAR'S SIG	NATURE
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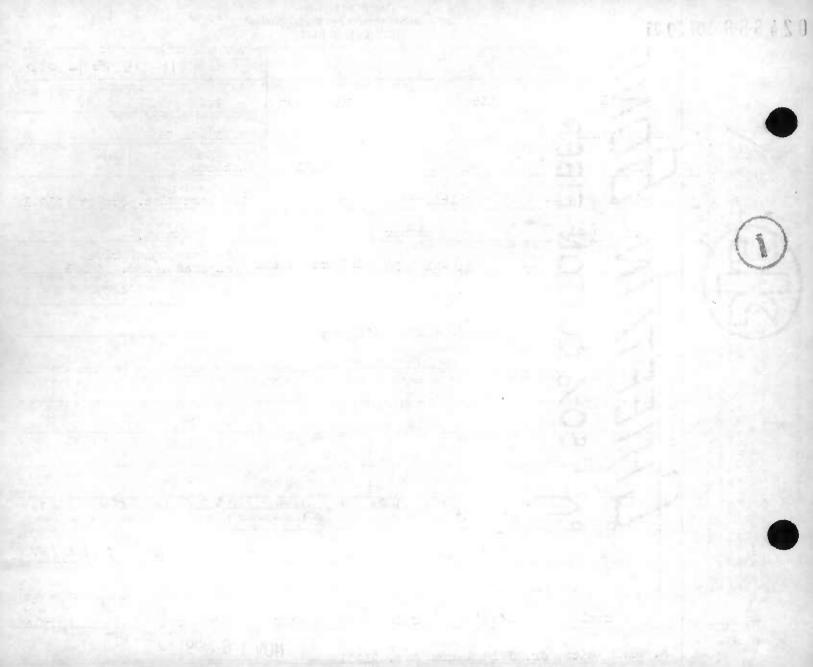
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o the	(TYP	E OR PRINT) TAME	-(STEC	KMAN	11-1	5-86	213 0.
noy be	3. SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR	IF UNDER 24 HRS
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orth.	M	COUNTRY) 1SSOUri	USA	WIDOW	ED MEVER MARRIED DIVORCED DI	Baltimore		MD.
1 1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		120. USUAL OCCUPATION	ORKING HEEL HOTTISHER G	BUSINESS OR
5/0H 3		altimore	Francis So	cott Ke	v Med. Cen.	Maintenand		entiary
1 2 54 51		STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		0110101
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1 1	14. F.	ATHER'S NAME	MIDDLE LA	C T	15. MOTHER'S MAIDEN NA	ME		
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	16a. '	WAS DECEASED EVER IN U.S. AF		L SECURITY NO.	17. INFORMANT	ADDRESS		
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Cion Cion Hhe r	-	18 CAUSE OF DEATH (Enter of			Hargaret	Deeckiidii (v	APPROXIM	ATÉ INTERVAL NSET AND DÉATH
in the share in the same in th		PART I. DEATH WAS CAUSE	ED BY: ATE CAUSE (a) BR	AiN	DEATI	4	Ann de	AXS
N ST certi		MMEDIA	DUE TO, OR AS A CON	CEOUENCE OF				
esto death optend tian, d	-	Conditions, if ony, which	1 MAS	STUF	CEREBRA	L HEMOI	DRHAGE 3	DAYS
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W. or the	100	underlying couse lost.	DUE TO, OR AS A CON	ANT	CEREBRAT	- ANEURY	rse 301	445
201 res th r plea rurial,	F/A	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BU				
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	Ĕ					YES TO NOT	N CERTIFYING CAUSES O	NO []
VITA VITA Nysicic cote ronsit Hygin 18 sh	1 8	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM 18 PART (OR PART 2)	
N OF N SICIAN ng phy certific urial-tr ental		OR CONTRIBUTING CAUSE OF DE		H DAY YEAR				
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DIVIS DING P or otter After the se as the alth and morked		22a certify that (1) this hopp	ital) ottended the deceased	trom ///	12 1086	10/1/15	1086 4	nor (I) (we) lost
T F S S S S S S S S S S S S S S S S S S	100		11/100		nd that in my (our) opinion	death occurred on the date		
ATT Ospirospirospirospirospirospirospirospiro		obove,(II) wei (did)(d + m	n view the body ofter death.	,	DEGREE		22c. DATE SI	
OR he		Man V	2 deste	1	A ATTENDING	MEDICAL STAFF	. 11/1	-/-
by the by	-	to one y	Harren	Jusch	PHYSICIAN [DIRECTOR PHYSICIAL	1// /3	186
HOSPITAL ned by the FUNERAL uld be det on the State		CA A	- ILACIA	3101156	AUDRESS IC	1- 10- 10- 10- 1	1. 05	- 1
TO HOSPITAL TO FUNERAL should be det with the Siner MAPORTANT:		SYMUEC	J. HASSE		T FS FE	Y MEDICA	L CENT E	2/2
Ta Fas Z		BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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DHMH - 16 60M 7/84	24. P	Schimunsk Fur	neral Home,	Inc.	25a. DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATU	RE
(VRA 15, 4)	1	333T Brehms L	ane, Balto.	.Md.	21213 NU	N J A 1200 1	ulia Divideon R	ALDINA





	REGISTRAR EASED NAME FIRST OR PRINT) ALICE	WIDDLE		ICATE OF DEATH	REG. NO	D.					
(TYPE C	OR PRINT)			AST	2a DATE OF DEATH	MONTH D					
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3. SEX				TEELE				405			
	Female	4. RACE White	5. DATE (6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS A			
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	nnsylvania	USA	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE	CITY					
10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	12a USUAL OCCUPATION			OF BUSINESS			
4 BA	ALTIMORE	UNION MEM	ORIAL HOSE	ITAL 21218	Retired	WORKING LIFE	INDUSTRY				
USUA 13a, ST	L RESIDENCE (IF NURSING HOME OF		PENCE BEFORE ADMISSION) Y OR TOWN	1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE					
) Ma:	ryland ==		timore	YES X NO	1310 West	41st.	Stree	t 212			
14 FAT	THER'S NAME	MIDDLE	IAST	15. MOTHER'S MAIDEN N.	AME						
0	(unknown)	WIDDLE	Fisher	FIRST	(unk	(nown)	LAS	ıΤ			
	AS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	Danis				
1 (YE	es, no or unknown) (if yes, g	VE WAR OR DATES)	-01-6630	Robert Stee	le Valparas	ipagne	Drive	383			
	18 CAUSE OF DEATH (Enter of	nly one couse per line for			Varpara	30 III	APPROX	IMATE INTERVA ONSET AND DE			
	PART I. DEATH WAS CAUS	ED BY:	ME				BETWEEN	UNSET AND DE			
	MANEDIA										
	Conditions, if ony, which	DUE TO, OR AS A C		sath.							
	gove rise to immediate) . Ib)	ldiomy	earry							
	underlying couse lost.	DUE TO, OR AS A C	S CHEM	a							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU			MINIAL DISCASE OR CONIC	NITION LONG	NI IN I DADT 1.				
Z	THE STORM CALL	NIA	HIVO IO BEATH BOT	NOT KEENTED TO THE TER	WIIVAL DISEASE OR COINE	JITION GIVE	IN IN PART III	2			
TA I	19a DATE OF OPERATION		OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	YES, WERE FINDINGS USE				
7 3	NI	4			YES NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?			
CERTIFICATION	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	RED (ENTER NATURE OF INJUR			100			
	OR CONTRIBUTING CAUSE OF DE	AIR	ONTH DAY YEAR	NA							
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		ital) oftended the deceas	ed from NO		L. to NOV	15	986.	that the			
	sow the deceased alive a	NOV 49	19 86 01	nd that in (my) (our opinion		te ond hour	and from the	couses state			
	obove (1) (we) (fig) (did n 22b, SIGNATURE	ot view the body after dea		DEGREE			22c DATE				
	Marc.	1 1) 4 , 5	-	ATTENDING	_ MEDICAL _ STAF	F	FIL	11-15			
-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT	1	122e ADDRESS	DIRECTOR PHYSIC	IAN	1/1/	15/0			
	CARA L DAY				ODIAL HOCDIM	ъ т					
			1237 NAME OF C	EMETERY OR CREMATORY	DRIAL HOSPITA	AL					
73n BI	IRIAI CREMATIONI DEMOVA				AND LOCATION						
	JRIAL, CREMATION, REMOVA PECIFY) Burial				CITY OR TOWN		COUNTY	STATI			
(SF	JRIAL, CREMATION, REMOVA PECIFY) Burial NERAL DIRECTOR	11/19/86		idge Cemeter		e		Mary			

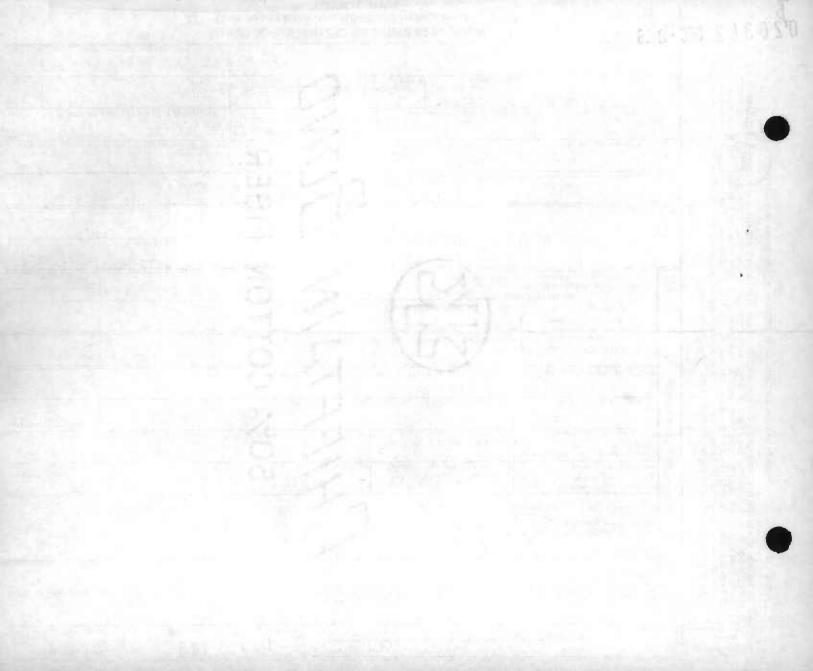


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	the t	10.	CITY OR TOWN OF DEATH		HOSPITAL, N		OR OTHER INSTITUTION	12a. USUAL O	CCUPATION OR MOSLOF WORKI	12b. KIN ING LIFE) INDUST	ID OF BUSINESS OR
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212 hou	d b in	US 130	UAL RESIDENCE (IF NURSING AC STATE 138 (ME OR OTHER INSTITUTION	13c. CITY O		13d. INSIDE CITY LIMITS?	13e STREET AL	ODRESS / ZIR C	CODE //	11411
AND 24		1	MO B	alto.		sex	YES NO **	Z		4 CE +	JE
RYL	2 st	1/A	FATHER'S NAME	WIDDLE	LA	CT.	15. MOTHER'S MAIDEN N	AME	MIDDLE C	100	
MAI P	on plant	1	MALL	Model	STOF	SOLLICA	PETRO	NellA	MIDDLE	RYNKIS	2 WIC7-
RE,	d d	160	WAS DECEASED EVER IN U.		16b. SOCIA	SECURITY NO.	17. INFORMANT		ADDRESS		
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: =	phy anpo emov	1	PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	H	EALT	FAILURE				
N Ce	ding orbo or re				OR AS A CON	SEQUENCE OF	1 4	1			
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PR the	the cremo		gove rise to immediate couse (a), stating the		DR AS A CON	SEQUENCE OF					
y to	by ol. cr		underlying couse los	t. (c)	JA AS A COIN	Coepus	EX ARTELY	1 Dis	8052		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certi	gned n ple burio ry, o		PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION	GIVEN IN PAR	T Ito
RDS	The The injury	CERTIFICATION									
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AL R	hos hos	TIEL						YES 🗌	NOM	YES [NO [
> z	ronsi Hygi	Ü	210. ACCIDENT WAS UNDERLYIN		OF INJURY	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTERNATE	IRE OF INJURY IN ITE	M 18 PART I OR PART	(2)
PO DI	ding plans certification of the Mentol of the Mentol	3	OR CONTRIBUTING CAUSE (DE ATH	.M.	19					
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2	R: Af		220.1 certify that (I) (this	hospitol) ottended 1	he deceased	from	72 19 8	6_, to	11-26	1986	, that (I) (we) lost
TEN	for of H		sow the deceased alive obove, (I) (we) (did) (d	re on	v ofter death.	19_86.0	nd that in (my) (our) opinio	n death occurred	on the date and	d hour and from	the couses stated
OR A	DIRE DIRE Dept.		226 SIGNATURE	10-	~/		DEGREE			/ 22c. D.	ATE SIGNED
A O I	4 7 4 9 7		()am	1600	Pedicos	n	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	/ 11	-22-86
HOSPIT	FUNERA Ild be de the Stat	1	22d. PHYSICIAN'S NAME	TYPE OR PRINT)	- (22e ADDRESS				
	to FUNERA should be de with the Stat MAPORTANT	6	ANIEL	P. F	-EDIKO	2402	122 5.	GREENE	STR.	BACT	MD
5	ē ≒ ÷ 3 ₹	23a	BURIAL, CREMATION, REMO	OVAL 236. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCAT		V, v •	
E	3P		Burial	11/2	6/86	HOLLYF	lillCemeter		LORIVA	COUNTY	STATE
DHA	AH - 16 60M 7/84		FUNERAL DIRECTOR			_	25a. D	TE REC'D. BY RE	AS EARLY SE	GISTRAR'S SIGN	NATURE MA
2111	(VRA 15, 4)		ConnellyFun	eralHome	3001	aceAve.	21221	10122	300	" Corde	rn-Kondaes

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, n.e.			CEASED NAME OR PRINT)			-	l	AST	2a. DA	TE OF DEATH MO	DAY Y	EAR 2b HO	OUR P
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4 25	19		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF V		MARRIE	D X NEVER MARRIED	9 BALT	IMORE CITY OR	COUNTY OF DEA	TH	
TE F	22		Maryland		U.S.		WIDOWE				nore City		MD.
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4 42	An)4)E	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST	0.00
7 75/	MI	/	Albert				ffee	Mary				Strauss	3
	20		VAS DECEASED EVER I	(IF YES, GIVE	E WAR OR DATES)	16b. SOCIAL SE		17 INFORMANT		ADDRESS			
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1 6	4		18 CAUSE OF DEATH PART I. DEATH WA	(Enter on			ong (cs.)		•		BEI	APPROXIMATE IN	ND DEATH
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to the second	4	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a		206. IF YES, WERE F IN CERTIFYING CA		
The form	4/	ERT	21g. ACCIDENT WAS UNDE	OLVING F	1 21b. TIME OF	IN LILIDAY		11. HOW IN HURSY OF	YES		YES 🗌	NO	
A STATE OF THE STA	26		OR CONTRIBUTING C			MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED (EN	TER NATURE OF INJURY I	NITEM 1B PART 1 OR P	ART 2)	
S 6 8 9 9	17	WEDICAL	(IF EITHER, NOTIFY MEDIC				19	1011 100 171011					794.59
1 1 1 1	D	MED	11d. INJURY OCCURRI		21e PLACE C	ET, FACTORY, OFFIC	CE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUP	YTY	STATE
A die	and a	1	AT WORK	_				1112	91	1-1->	66		40
20 8 5 T			220.1 certify that (1) (sow the decease		1/.3	deceased fran		198	, ta.	11-6	19.		(we) last
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR: AFTER DEATH, WITH THE: BAFTIMORE, MARYLAND		(TYPE OR PRIN	IT)G.C	regory R.							Penn S	t.				
FWOF CO	23a. B	JRIAL, CREMAT PECIFY)	ION, REMOVAL 2	3b DATE	23c. N	NAME OF CEME	TERY OR (CREMATO	RY	23d. LO	CATION		COU	NTY	STAT	TE
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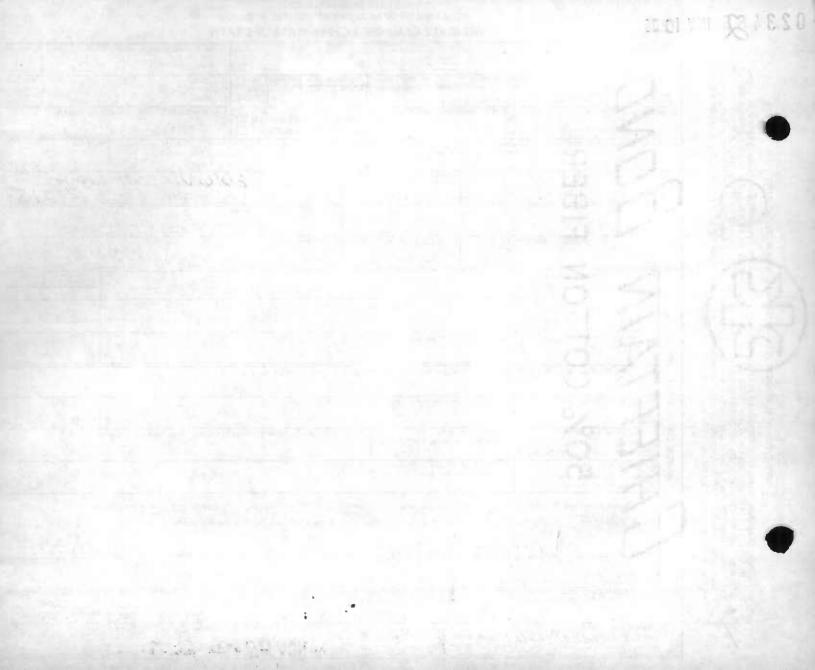
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE 20. DATE KNOWN [(TYPE OR PRINT) ESTI-FUNERAL DIRECTOR.

5 FOR YOUR FILES.

WITHIN 72 HOURS

PRESTON STREET, Sarah DEATH MATED 219 86 Stephan 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d. HOUR DAY LAST BIRTHDAY) PRONOUNCED 2:44A Female White DEAD 219 86 July 5, 1921 65 YRS To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Balt. Maryland USA WIDOWED DIVORCED Baltimore City D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Sinai Hospital Sewing TrainingCente ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b. COUNTY. 13c. CITY OR TOWN 13d. INSIDE CITY HIMITS? Balt. City Maryland Baltimore YEST 6101 Vincent Street NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Martha Lewis Stephan Iona Charles 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Rt. 4, Box 260 (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 213-76-5948 George Stephan Hedgesville. WV 25427 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL DED TO THE CHES 3 SHOULD BE U YES NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE Notural causes XX death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 11/2/86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23h, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria] Nov.6.1986 Geo. Washington Cem. Prince George'sCo.Md. 07/84 25M 74 FUNERAR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 327 W.King St **DHMH - 17** (VR A15 ME (5)) Brown Funeral Home POBox 821, Martinsburg, WV ...



11/23/1986

Thrombocytopenid 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 2esem + tiento. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 1 22.86 PHYSICIAN DIRECTOR PHYSICIAN medical conter. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Belleville Cemetery SUFFOTK STATE Virginia 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Diordson Pa

2b HOUR

12b. KIND OF BUSINESS OR

Public School

IF UNDER 24 HRS

IF UNDER 1 YEAR

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DHMH - 16 60M 7/B4 (VRA 15. 4)

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Nutter & Sons Funeral Home-

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23a. BURIAL, CREMATION, REMOVAL

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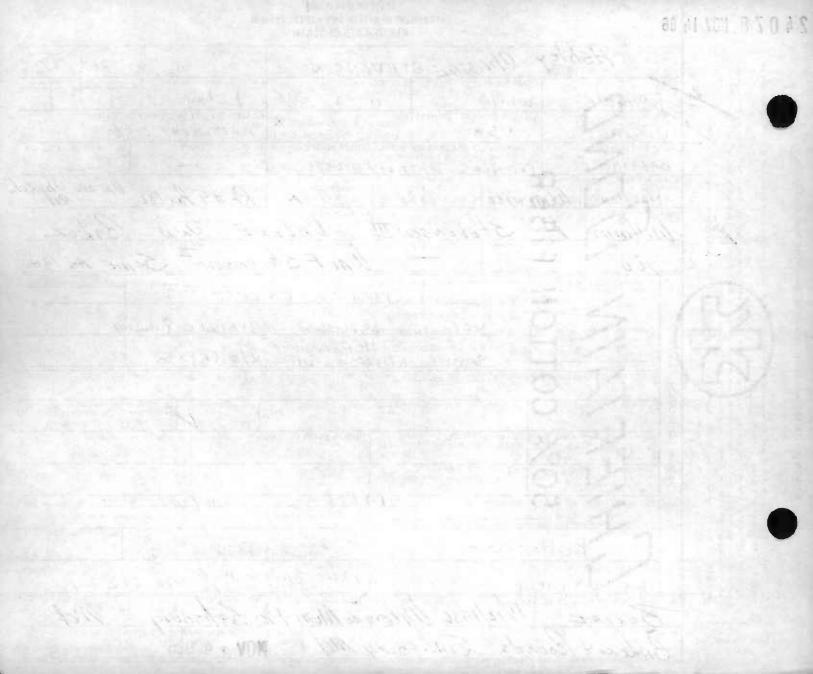
24. FUNERAL DIRECTOR

2501 Gwynns Falls Pkwv.

STATE OF MARYLAND

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2501 Gwynns Falls Pkwy. Baltimore. Md. 21216

DIVISION OF VITAL RECORDS

(VRA 15, 4)

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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 23c NAME OF CEMETERY OR CREATE PETY 230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 11-25-86 Garrison Forest Vet Owings Mills Baltimore Afuneral Director Matthews, Matthews Funeral Home BY REGISTRAR 256. REGISTRAL SIGNATURE 3021 Eastern Ave., Baltimore. Md. (VRA 15, 4)

DERIYEAR

12h KIND OF BUSINESS OR

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Allen

Kerger Road

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

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DHMH - 16 60M 7/B4

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2501 GWYNNU FALLS PROY. HALLTHORN, EL. 21216

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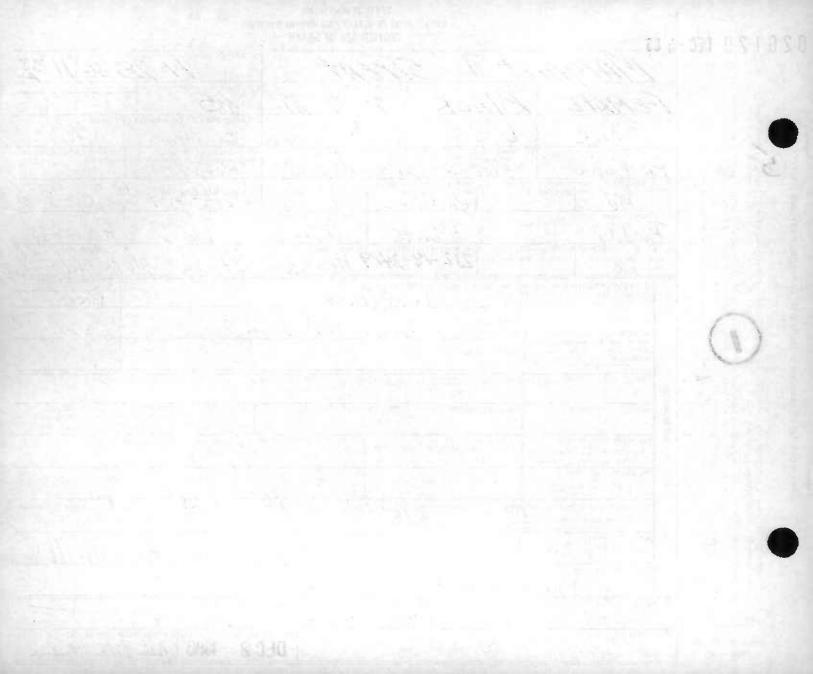
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	2 0 0 0		saw the deceased aliv above, (1) (we) (did) (d	id not) view the body	ofter death.	U	set that in (my) (our) or	olnion death	occurred on the do	ite and hour of	nd from the cou	ses stoted
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21201	ATH. IF ANY DELAY IS NECESSARY, PLEASE S1, 2, AND 3TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5, FOR YOUR FILES. D2 SHOULD BEFILED, WITHIN 72 HOURS WITH RECORDS, 201 M. PRESTON STREET.	130. 5	TATE Md.	13b_COUN	Yanna de Maria	13c CBY	alto.		YES TO	NO [OO A	address rgyle	Ave	. Ap	t. 2	F	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN POED TO THE CHIEF MEDICAL EXA 23 SHOULD BE USED AS A BURAL. DEPARTMENT OF HEALTH AND MEDICAL CREMATION,	Z	PART 2 OTHER SIG	NIFICANT CONDITIONS C	CONTRIBUTING TO DEATH B	UT NOT BEL/	ITEO TO THE TERM	IINAL OISEAS	E OR CONDITION G	IVEN IN PART 1	(a).					Q.	
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			(TYPE OR PRIN	T) M	argarita <i>P</i>	A. Ko	rell,	M.D.	ADDRESS	111 P	enn S	St. E	Balto	OMD.			
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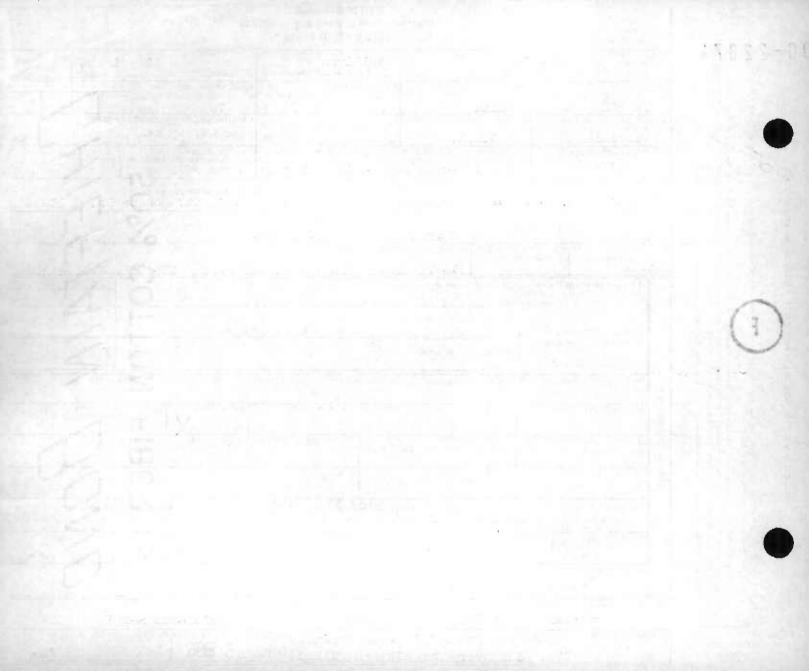
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	Page 4 ma director, p		3. SE	EMALE	Black	S. DATE O	F BIRTH YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
0	funeral di	0/0		N.C	CITIZEN OF WHAT COU	WIDOWE	DIVORCED	0 Daltin	ounty of DEATH.
201	by the	Postfied 4	To	Baltimore	1. NAME OF HOSPITAL, N USAND N SUCH FACILITY GIVE	COURS	Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W.	12% KIND OF BUSINESS OR INDUSTRY
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MARY	ompletel	exomin	7	Suddy	IDDLE ROLL	Berts	15. MOTHER'S MAIDEN	e Mae	Roberts
BALTIMORE,	be exection on ond or rs. Poges	e medico		VAS DECEASED EVER IN U.S. ARN YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 166 SOCIA	-18-248	Housto	n Streat	4615 Old Frederic
ST., BAI	ertificate g physici on poper removal.	event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line far (a), 8Y: CAUSE (a)	Lung (ance		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 W PRESTON	0	after traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	Brain	Metas	taon	6 mos
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AL RECO	he low on has been	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	I WAS PERFORMED		I. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
10F VIT	GCIAN 1 g physic certificate ngd from ental from	18 g		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2}
OIVISION OF	AG PHYS other this on the but it and Me but	uked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDS spirol or CTOR: A CTOR: A CTOR: A	521 nmc		22a. certify that (1) (this haspite saw the deceased alive an abave, (1) (we) (did) (did nat)	11/120	19 16 000	that in (my) (aur) api	nion death accurred on the date of	and hour and from the causes stated
	TAL OR - y the ho PAL DIRE detucher tote Dept	NT. II Ner		226. SIGNATURE Pulip	1) Kunt	D	EGREE ATTENDIN PHYSICIA		226 DATE SIGNED /
	O HOSPI etomed h TO FUNE shoold be with the S	MPORTAN		22d. PHYSICIAN'S NAME (TYPE OR	p H Konit	~	22e. ADDRESS		
	BP			Burial Burial	12/2/86	1	Forest Vet	Owings Mill	- 1100
	DHMH - 16 60N (VRA 15, 4			March Funeral Home 1	west 4300 Wabaŝi	n Ävenue		DEC 2 1986	REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE KNOWN YEAR 2b. HOUR S NECESSARY, PEAGE E EUNERAL DIRECTOR. RE 5 FOR YOUR FILESO EW, WITHIN 72 HOURS IN PRESTON STREET, (TYPE OR PRINT) OF ESTI-DEATH MATED Beulah 3 1986 Stull 4 RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE OF BIRTH 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 11:18 1893 DEAD Female White 10 93 YRS RIRTHPLACE ISTATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED XX U.S.A. DIVORCED Maryland Baltimore City CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Baltimore St. Agnes Hospital Manager Acme VIA COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore NO P 639 Aldershot Road YES [Maryland Catonsville 14) FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Charles Oliver Amoss Jennie Utz Ma. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. 20624 Charles C. Stull Clements, Md. 216-14-5569 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Respiratory failure 2 hours gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last (a) Alzheimer's dementia vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Fracture of left hip 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? October 16,1986 Fracture of left hip YES [] NO X EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE (TO FUNEAR DIRECTOR; PAGE 3 SHOULD BE AFFER DEATH, WITH STATE DEPARTMENT, BAILTIMORE, MARCHAN, 21201 PRIOR, TO BE 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY UNDERLYING 3 xx 10 12 19 86 Fell down injuring hip CONTRIBUTING XX AUSE OF DEATH THE PLACE OF INJURY LATHOME. 211 LOCATION ACTORY, FARM, ETC.) WHILE AT WORK AT WORK 639 Aldershot Rd, Catonsville, Balto., MD. home 77s. I certify tiefit I to escribed abave, held on and in my opinion depth resulted from Undetermined manner TITLE (SPECIFY) **ACTUAL** 11/10/86 SIGNATURE Chief MEDICAL EXAMINER EXAMINER'S NAME John E. Smialek, M.D. Balto.MD. 111 Penn St. (TYPE OR PRINT ADDRESS 23g BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION | SPECIFY) Westview Memorial Park Md. Cremation 11-03-86 Catonsville 07/B4 24. FUNERAL DIRECTOR 25M 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Edward J. Weber Funeral Home 5311 Edmondson (VR A15 ME (5))

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deg 30 7 7 _ 0		CEASED NAME ISAbe		Sul	livan	20. DATE OF DEATH	MONTH OAY YEAR 26 HOUR
fer of	3. SE	X Q	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4		Female	White	8	27 10	76	YRS.
	1.8	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	7b. CITIZEN OF WHAT CO	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Baltimore CITY O	R COUNTY OF DEATH
5	10.0	Bello	NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C) Francis Sco	GIVE STREET AGORESS)	edical Center	120. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Housewife	WORKING (HE) INDUSTRY
AND 211 124 hours Ould be mach be	13a.	STATE TO COU		nce before admission) OR TOWN Indalk	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS / 7949 St.	ZIP CODE Monica Dr. 21222
MARYL ed within	1/	ATHER'S NAME		LAST	15. MOTHER'S MAIDEN NA	MIDOLE	LAST
. + 0//		Siebect WAS DECEASED EVER IN U.S. AI		ris	Clementin	ADDRE	Knight ss
BALTIMORE one be execu	and the same		VE WAR OR DATES)	70-0024	Robert P. E	Beverage 5	30 Dale Ave 21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that a unafficient to be a remove corbon or to buriel, cremotion, or remover, or remover, or other troumatic events.	ion	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	DNSEQUENCE OF	and Heyron	MINAL DISEASE OR CONF	DITION GIVEN IN PART 110
AI RECORD The low requor. The permit. The permit. The ene prior to was ony injury.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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DIVI or att or atter se as the marke		AT WORK AT WORK				. 1	
R ATTEND hospital a RECTOR: A red for use pt. of Hea		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	/	19 86.0	od that in (my) (our) opinion	death occurred on the do	te and hour and from the causes stated
OR Siche Dep		22b. SIGNATURE	- Weave	DM	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
TO HOSPITAL retoined by the TO FUNERAL should be detroined by with the Stote with		22d PHYSICIAN'S NAME (TYPE	Weaver	MD	22e ADDRESS	MC	
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h DATE 11-5-86	23c NAME OF C	EMETERY OR CREMATORY Wn	23d LOCATION CITY OR TOWN Baltimo:	re Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F		-Ruck Funera	HODKE 33	Duidain	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

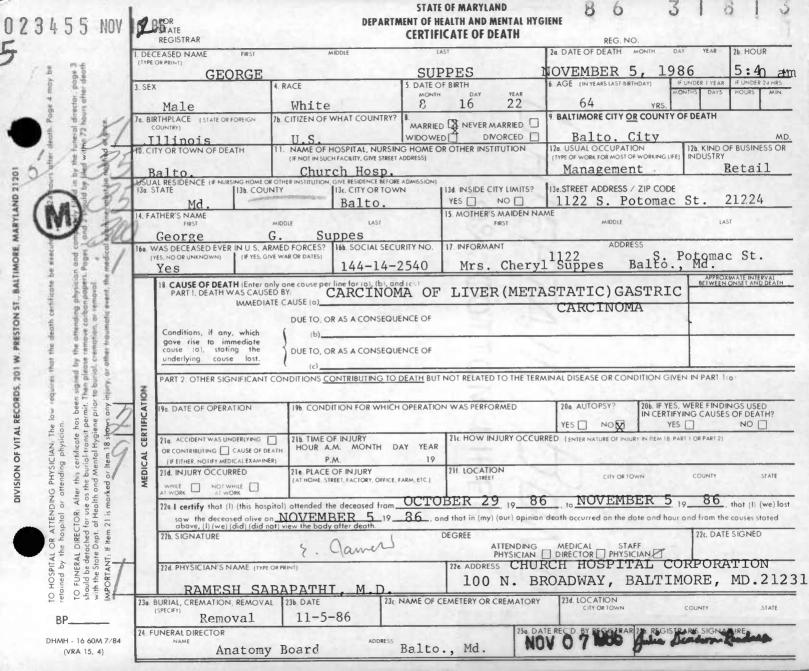


		STATE OF MARYLAND	8 6 7 1	9 1 1
	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYG	IENE O O S :	(3)
25560 DEC	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
. 84	1. DECLASED NAME FIRST	MIDDLE LAST		EAR 2b HOUR
may be page:	James			& II PM
	3. SEX	4. RACE 5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	DAYS HOURS MIN.
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2 ho 2 ho	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED & NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEA	TH .
tine de	W. VIRGINIA	WIDOWED DWORCED	Baltimore (fly MD.
d the	D 11:	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDU	
n by		Mason F. Lord Chronic Hospital	RETIRED ST	EEL WORKE
led i		ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 13d, INSIDE CITY LIMITS?	STREET ADDRESS / ZIP CODE	
shou shou	14 FATHER'S NAME	INDRE DUMPALK YES NO IN NOTHER'S MAIDEN NA.	194 Stanhoje Ad	2172
13037		MIDDLE LAST FIRST	WIDDLE	LAST
9	160 WAS DECEASED EVER IN U.S. AR	B. SUMMERS EDNA	ADDRESS ON S	KTLEY
2 2	(YES NO OR UNKNOWN) (IF YES, GIV	VEWAR OR DATES) 213-09-39 Mary Jane S	[5] 1741 2	Tanhope N
e pe	NO -			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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nding p corbon , or rem	IMMEDIAT	TE CAUSE (a) 18 Spiratory arres		
tend e co on, o	Conditions if you which	DUE TO, OR AS A CONSEQUENCE OF		
e of e of moving motion	Canditians, if any, which gove rise to immediate			
by the	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
ned plec	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GIVEN IN PA	PT 1 c
sign Then to bi	& COPD, C	RF, IHD HTN malnu	1 11 . 511	A
beer rmit. prior	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE F	INDINGS USED
E S D D D D	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		YES NO YES YES	USES OF DEATH?
ding physicia is certificate h burial-transit; Mental Hygies or Item 18 shar	210. ACCIDENT WAS UNDERLYING	The state of the s	ED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	RT 2)
ding physis certificat burial-tran Mental Hy, ar Item 18:5	OR CONTRIBUTING CAUSE OF DEA	100		
this certified by the burial-ind Mental	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE FARM ETC.) 211 LOCATION STREET	CITY OR TOWN COUN	ITY STATE
atten ter thi s the l h and rked a	WHILE NOT WHILE D	(ALMOME SINEEL FACTORY OFFICE FARM EIC.)		31012
R: Aft Jse os ealth	220.1 certify that (1) (this hospi	attended the deceased from 10/23 19 86	_, to	2_, that (I) (ve) Dast
k Ailen hospital RECTOR: red for us rpt. af He	sow the deceased alive on	it Niew the bady atte death.	death occurred on the date and haur and from	m the couses stated
	226. SIGNATURE	DEGREE	22c.	DATE SIGNED
Y fhe Y fhe RAL DI deroch tote De	Oorglas	C. Fowers MD ATTENDING PHYSICIAN R	MEDICAL STAFF DIRECTOR PHYSICIAN	1/30/86
ined by the FUNERAL build be detroped to the State ORTANT:	228 PHYSICIAN'S NAME (TYPE O	OR PRINT) 22e ADDRESS		
	Douglas	C. Powers 5200 Easi	tern Ave. Balto	0.,MD
Shoot Shoot	230 BURIAL, CREMATION, REMOVAL	23b DATE , 23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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(VRA 15, 4)	FLEMING FUI	WERAL SERVICE BENSON, MD. DE	CO 1 1986 Julia Davids	n. Randale

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02	3736 NOV	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE B-BATE CERTIFICATE OF DEATH DEFO. NO.
		REG. NO.
0		DECEASED NAME FIRST MIDDLE LAST 28. DATE OF DEATH MONTH DAY YEAR 28. HOUR
8	o th 3	(TYPE OR PRINT) JEANETTE SUMMERS NOV 3 86 1225a)
	de de	SEX 4 RACE (S. DATE OF BIRTH 6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	+ 5 +	TOMATE MONTH DAY, YEAR O MONTHS DAYS HOURS MIN
No.	1 210/	
	2000	BIRTHPLACE TO STOREIGN TO CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
	the state of	MARYLAND USA WIDOWED DIVORCED Baltimore CITY M
	24 72//	D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OF
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20	S 6# /#	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. 301
21	Po Po	13a, STATE 113b, COUNTY 113c, CITY OR TOWN 113d, INSIDE ONLY 113d,
N	24	BALTIMORE BALTIMORE YES NO 1 7219 PARK HTS. AVE. 21208
7	11/8/10	4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME
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E,	B 3 - B	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOLIZES 40/17/1994 17 INFORMANT E. DAVID SUMMERS APT. 301
Ö	x 25 1/	TYES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 215-09-0562 7219 PARK HTS. AVE. BALTO., MD 21208
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3AL	9 0 -	18 CAUSE OF DEATH (Enter only one couse per line for teal lite), and IC! / BETWEEN ONSET AND DEATH
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0	dto gard	Conditions, it any, which (b) ASPIVATION PRELIMINA
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	or the series control	cause (a), stating the underlying cause last. DUE TO, CONAS A CONSEQUENCE OF SCULAR OCCIDENT
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DRC	reg or the	2 Inferror wall rup around Infarction, running earning
Ü	by by	There was interested 190 date of operation 190 condition for which operation was performed 200 autopsy? / 200 if yes, were findings used in certifying causes of death? YES NO 190 ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE) WHITEM 18 PART 1 OR PART 2)
AL R	ho ho	YES NO YES NO
H	rate tate answer	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF URY IN ITEM 18 PART 1 OR PART 2)
6	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (1/6 EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
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Sic	£1 £12 7	WHILE NOT WHILE TO NOT WHILE TO STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
2	Sq 416 F	WHILE NOT WHILE AT WORK
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-	## 65g %	saw the deceased office an
	THE LA	27. DATUS OF THE 22. DATUS SIGNED
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	是五日·日本	MADDRESS
	O FUNES Novid Se NAPORTAN	Trian GAI ADDAGA MD SINO HOSOITE
	01 011	
		236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY BALTIMORE COUNTMARYLAND COUNTMARY CO
	BP	
	DHMH - 16 50M 4/83	PA FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAN 250 REGIST
	(VRA 15, 4)	6010 REISTERSTOWN RD. BALTO., MD. 21215 NOV 1 0 1985

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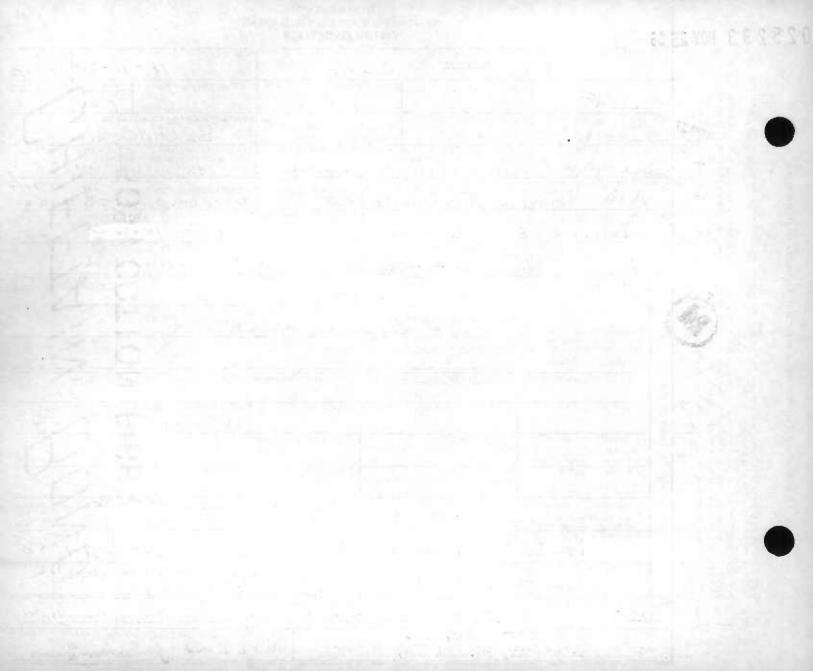


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UZ5323 NOV	25	REGISTRAR	ino MIDDLE			REG. NO.	DAY YEAR 26 HOUR
• ω ξ		CEASED NAME Cather	ше	Su	güy	20. DATE OF DEATH MONTH	00
noy be poge 3		Cathen			Lg Ly	4.405	21-86 7 PM
to; p	3. SE		4 RACE	MO	E OF BIRITH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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The dawith	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPIT	TAL, NURSING HOM TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
0		BALTIMORE	MERCY HO			Secretary	Paper Co.
od in d be	.⊮USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		SIDENCE BEFORE ADMISSIO	N) 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI	DE
AND 24		MD.	The state of the s	ALTIMORE	YES NO	3935 DUDLEY	
erthir orthir	14 F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST
MAR ed w ed w		JOHN	SURG		ALBE		UNKNOWN
AORE, ond co oges, redicol	16a V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	OCIAL SECURITY NO		ADDRESS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the security	,	YES, NO OR UNKNOWN) (IF YES, GIV	21	6-14-840	4 LOUIS SURG	GUY (HUSBAND)	SAME ADDRESS
ALT STEE STEE STEE STEE STEE STEE STEE ST		18 CAUSE OF DEATH (Enter on	ly one couse per line fo	ir (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate		PART I, DEATH WAS CAUSE	D BY: 'E CAUSE (o)	magressi	ine hynotensis	^~	2 draws 2 days
NO S				CONSEQUENCE OF	0,		1
deoth deoth		Conditions, if any, which	((b)	Gram he	sative buckerem	ia sepsis	2 days
PR the		gove rise to immediate couse (a), stating the	DHE TO DRASA	CONSEQUENCE OF	0	1 1	
W to A to to		underlying cause lost.	(a) and	acute	gostro intestin	I bleeding	2 days
res t gned n ple		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRI	BUTING TO DEATH B	UT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION G	SIVEN IN PART Ital
RDS equi	ŏ N	metastatic ad	eno car ciner	na o	Ostructione re	nal Lailine	
bee brio	7 8	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED	20a ANTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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ON OF TYSICIA ding ph ss certif buriol-t Mentol or ftem	1	OR CONTRIBUTING CAUSE OF DEA	in .	1			
HYS ndin his c burd A Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF PINCE PLANTER After the cost he oith ond morked	2	AT WORK NOT WHILE	(ATTIONE, STREET, FAC	LIOKS, OFFICE, FARM, ETC.)			
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TTEN Pirol TTOR TOR for u		sow the deceosed olive on obove, (I) (we) (did) (did no	t) view the body ofter o	19	and that in (my) (our) opinion	deoth accurred on the dote and he	our and from the couses stated
hos hos hed hed ept.		22b. SIGNATURE			DEGREE		22c. DATE SIGNED
the the District Hill Hill Hill Hill Hill Hill Hill Hil		Millar	seine hus		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11-21-86
HOSPITAL med by the FUNERAL uld be det to the State	1	22d PHYSICIAN'S NAME (TYPE C	R PRINT)		22e ADDRESS		
- 0 - 0 - 0		Melha F	Seine Mil		Mercy Hosp	ital Baltinore	mp 21202
of of shape	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME O	F CEMETERY OR CREMATORY	23d LOCATION	
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(VRA 15, 4)		3331 Brehms					

25233 NOV 25	1 88	FOR STATE REGISTRAR	DEPA	RTMENT OF HI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 6	3	9 1 0
noy be page 3		CEASED NAME FIRST MON?	Marie	Sci)an \cap	20. DATE OF DEATH	MONTH DAY YE	AR 26. HOUR 4.55 M
oge 4 moy rector, pog		emale -		S. DATE O		6 AGE IN YEARS LAST BI		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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AND 212	USU 130.	AL RESIDENCE (IF NURSING HOME OR OTH STATE OUNTY	13c. CITY OR TO	FORE ADMISSION) DWN Abelt	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 6108 Brei	/ ZIP CODE 3	1 #102
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ALTIMORE, te be execut cion and ca ers. Pages 1 II. the medical	160.	VAS DECEASED EVER IN U.S. ARMED VES. NO OR UNKNOWN) (IF YES, GIVE WA N/A			HOSPITUL CI	ADDR		
if, BALT		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	Real		+n		BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
quires that the death ce signed by the attendant the please remove control to burial, creit and injury, or other	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSECUTION OF THE TOTAL OF	RES PI	rakry Arm		NDITION GIVEN IN PAR	RT No.
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physician. (frer this certificate has been signs of the buriol-transit permit. Then thood Mental Hygiene prior to backedor; lear_18 shows ony injury	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	NDINGS USED USES OF DEATH? NO
PHYSICIAN, T PHYSICIAN, T this certificate to buriol-transit and Mental Hygin dar feem 18 sh		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	URY IN ITEM IB PART I OR PAR	27 2)
NG PHYS offendir frer this os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF)	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
ATTENDII sspital ar (CTOR: A for use of for use of to of Health		220.1 certify that (1) (this hospital) sow the deceosed alive on abave, (1) (we) (did) (did nat) vi		01.	d that in (my) (our) apinia	,	date and have and from	, (11 () 1001
AL OR the ho AL DIRE eroches te Depir		226. SIGNATURE Benute	J. Malde	ed p	ATTENDING PHYSICIAN	MEDICAL STA	FF	1-11-86
TO HOSPITY retained by TO FUNER should be d with the Sin		22d PHYSICIAN'S NAME (TYPE OR PRI	T 11	ledad	We ADDRESS UNIV. OF F	Pediasric	soul Ita	osp, tal
BP	В	drial	11/15/86	Resurre	metery of crematory ction Cemete	CITY OR TOWAL	Prince Ge	eorge's MD
DHMH - 16 60M 7/84 (VRA 15, 4) 66	24. F	JNERAL DIRECTOR Lee Fune Old Alexander Fer	eral Home, Inc ery Rd. Clinto	on, Md 2		OV 24 1986	Julia Dande	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

14	n
Carl	0

6. AGE (IN YEARS LAST BIRTHOAY)

13e STREET ADDRESS

.R	2b. HOUR
	10:30A _M
EAR	IF UNDER 24 HRS
ANG	AMENIAN AND I

Male 70. BIRTHPLACE I STATE OF FOREIGN Maryland

O CITY OR TOWN OF DEATH

Charles

Baltimore

76 CITIZEN OF WHAT COUNTRY? U.S.A.

White

4. RACE

MARRIED NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

Musicardial pr

YES X NO

SWANSON

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12ª USUAL OCCUPATION

YPE OF WORK FOR MOST OF WORKING LIFE
Machinist

REG. NO 20. DATE OF DEATH MONTH

November 27, 1986

12h KIND OF BUSINESS OF Newspaper

13n STATE Maryland 4 FATHER'S NAME

DECEASED NAME TYPE OR PRINTI

3. SEX

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (0

13h COUNTY

Swanson

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

S. Decker Avenue

13c. CITY OR TOWN

Baltimore

15 MOTHER'S MAIDEN NAME Mary

038

MIDDLE Musch

> 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> > COUNTY

530 S. Decker Avenue 21224

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

CARL

16h SOCIAL SECURITY NO 213-03-2858

ADDRESS 22 Brightside Ave. Mrs. Gloria E. Diggs, Baltimore, Md.

Conditions, if ony, which gove rise to immediate couse (a), stating the

DUE TO OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

CERTIFICATION

210. ACCIDENT WAS UNDERLYING

21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

NO YES [YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20n AUTOPSY?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

230. BURIAL, CREMATION, REMOVAL

19

220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on.

Burial

___ and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

CITY OF TOWN

274 SIGNATURE

PHYSICIAN | DIRECTOR | PHYSICIAN

22c. DATE SIGNED

NO F

STATE

Walter Koppel. M

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

1900 E. Northern Parkway, Baltimore, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

ild b

Shot

Ann St. Matthews, Matthews Furreral Home 3021 Eastern Ave., Baltimore, Md.

12-1-86

23b. DATE

8

underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

21f. LOCATION

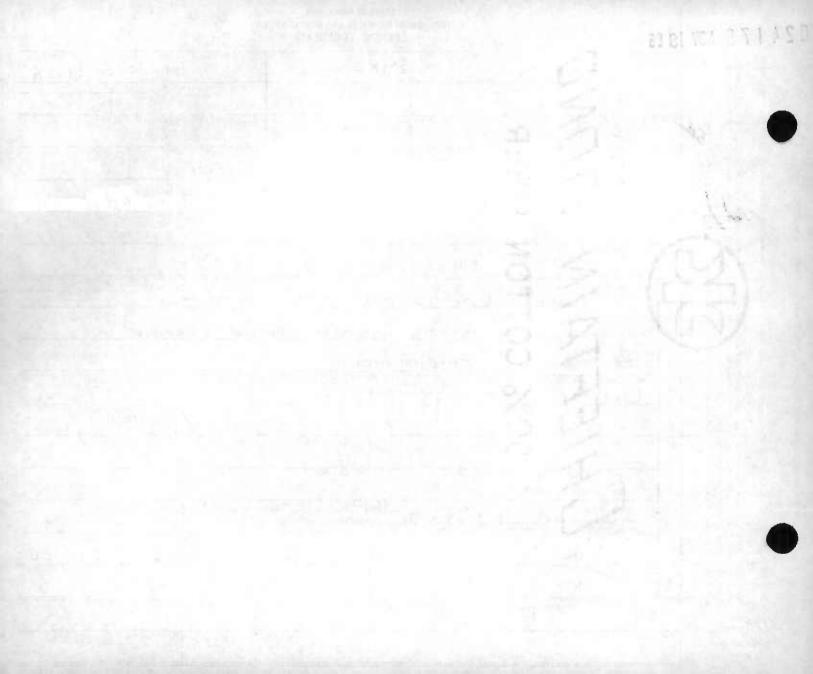
DEGREE

ATTENDING I

23d. LOCATION Baltimore

Baltimore 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

211	7.0	١,	FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H	YGIENE 8 6 3 1 6 1	ර
241	16 NOV	18	EGISTRAR		CERTIFICATE OF DEATH	REG. NO.	* 114
pe	oth oth	1. DI	ECEASED NAME FIRST OCTOR FRANK	J. MIDDLE	SYKES	20. DATE OF DEATH MONTH DAY YEAR 26 HOL	
e 4 moy	ctor, page 3	3 SI		4. RACE BLACK	5. DATE OF BIRTH MONTH 14 10 90 91	100	R 24 HRS
909	P. G.	7a. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITDV2 18	D. BALTIMORE CITY OR COUNTY OF DEATH	
eoth.	n to no	1 A	Tabama	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City	MD.
fer d	with with	10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120. USUAL OCCUPATION 126. KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	ESSOR
201 201	Fled		Baltimore	NORTH CHAP	RLES GENERAL HOSPITA	L RETIRED	
MARYLAND 21	in	13n M	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUL) aryland ATHER'S NAME	NTY Jac CITY OR	TOWN 13d INSIDE CITY LIMITS? YES XX NO 15 MOTHER'S MAIDEN N	827 N. Arlington Ave.	217
ARY	1		FIRST	MIDDLE LAS	T FIRST	MIDDLE	
. 4-	1247	160	Solomon WAS DECEASED EVER IN U.S. AR	Syke	SECURITY NO. 17 INFORMANT	Garth	
MOR	pood pood			IVE WAR OR DATES) 214 3	84746 Charles L.		10
W. PRESTON ST., BALTIMORE, on the death certificate be execu	by the ottending physicic ase remove carbon popers I, cremotion, or removol. other traumatic event, the		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate couse (o), storting the underlying couse last.	DUE TO, OR AS A CONS	sequence of schoolic t	approximate into BETWEEN ONSELANI Carrest— Approximate into BETWEEN ONSELANI Approx	RVAI D DEATH
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th	has been signed permit. Then ples ene prior to burio	CERTIFICATION	PART 2. OTHER SIGNIFICANT	boot Ind	G TO DEATH BUT NOT RELATED TO THE TELEPHONE	200 AUTOPSY? YES NOW YES NO PART 110	ATH?
N OF VITA	certificate h rial-transit ental Hygie ltem 18 shor	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	
IVISION	of the control of the	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, O	FFICE FARM ETC) 21f LOCATION STREET	CITY OR TOWN COUNTY	STATE
0	RECTOR: A ned for use spt. of Healt tem 21 is ma	1	22a certify that (I) (this hasp sow the deceased alive an above. (I) (we) (did) (did no	n 10 10 ottended the deceosed for the de	0.0	on death occurred on the date and hour and from the causes st	
AL O	che che		226. SIGNATURE		DEGREE ATTENDING PHYSICIAN		86
O HOSPIT	TO FUNERAL I should be deto with the State I MPORTANT: If		22d. PHYSICIANS TRAME THE	DESAL	22e ADDRESS		
_		- 00	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN COUNTY	STATE
	3P		REMATION	11/13/86	Greenmount Cemetery	Baltimore, Md.	310
DH/	MH - 16 60M 7/84 (VRA 15, 4)	100	ANCH FUNCES 4	amos 1101 Fact	RESS	ATE REC.D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	lade
	(VKA 13, 4)	14	Arch Funeral Ho	mies TIUI Easi	i North Avenue		



881 N	01 1			E OF MARYLAND	8 6	5	0 1 7
OOIN	0 1 L	I SPA		IEALTH AND MENTAL HYG FICATE OF DEATH	IENE		Sola reissulo
		REGISTRAR		ICATE OF DEATH	REG. N		
poge 3		CEASED NAME EIRST	MIDDLE	LAST .	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
		JOSEPH	INE 5	UMOSKI		11-7-	86 M
<u> </u>	3. SE	X 4. I	RACE 5. DATE C	D. D	6. AGE IN YEARS LAST BIR	THDAY) IF UNDI	ER 1 YEAR IF UNDER 24 HRS
1	OF	EMALE	CAUC. "II	29 12	72	YRS.	DATS HOURS MIN.
5/21	7a. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY		EATH
A Barrel	111	HRYLAND	USA WIDOWI	4	PAHimsi	er Ci	71/ MD.
	10 0	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR
Car	B	Altimore 1	on 95. LINVON	AAVE		KER	JUSTKI
0.0	USU 130	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		
DINO SOLID	200	ARYLAND	- BALTIMARE	YES NO	609 5. L	INWIN	NAVE 2/2
Jue	14 F.	ATHER'S NAME	nur.	15 MOTHER'S MAIDEN NA	ME		
5 (EL	10	ANTHANY	11RRANOWSKI	STEILA	WIDDLE	FRA	NRAWSK
es los	16a '		D FORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	ess	- 21221
0 · 0		YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	MPS ANNA	WERNER	3/029 1	-AYETTE S
		It CAUSE OF DEATH (Enter only o	one couse per line for (o), (b), and (c).)	WILL O . LII WILL	WEILINGER	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Fil		PART I. DEATH WAS CAUSED B	Arteri	osclerotic Hea	rt Disease		7 yrs.
-		IMMEDIATE C	- AUSE (0)				, ,,
	-	Candidan it	DUE TO, OR AS A CONSEQUENCE OF				
to the	a 10 1 22	Conditions, if any, which gave rise to immediate	(b)				
other		couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			1500	
0 0		DAPT 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	INIAI DISEASE OR CON	IDITION CIVEN IN	DART I
hen property.	Z	PART 2. OTHER SIGNIFICANT CON	ADMINIS CONTRIBUTING TO BEATH BUT	NOT KEENTED TO THE TERM	MINAL DISEASE OR COIN	DITION GIVEN IN	PART IIO
prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	RE FINDINGS USED
9 0 3						IN CERTIFYING	CAUSES OF DEATH?
sho -	+ 1	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	YES T	NO 🗌
D I B		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	The violation of the control	(EMERIANIONE OF INSO	KT HE HE HE TO TAKE TO	
Mental Hygie ar Item 18 sha	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	211 LOCATION			
	WEL		(AT HOME, STREET, FACTORY, OEFICE, EARM, ETC.)	STREET	CITY OR 10	JWN CC	OUNTY STATE
ish and arked		AT WORK					
Heo F	40	22a.1 certify that (1) DEC hospital)		2-23 19 79		The same of the sa	36, that (1) № 3₫ last
n 2 i		sow the deceased alive on above, (1) (yes whit) (did not) v	new the body ofter death.	nd that in (my) 200€) opinion	death occurred on the d		
Dep		27b. SIGNATURE	7	DEGREE	AAEDICAL STA		2c. DATE SIGNED
0		- Viac	to n. (n.n.		MEDICAL STA	IAN 🗌	11-10-86
TANT		224 PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS			
with the Stat		Melito M. Torre	s, M.D.	441 S. Ellwo	ood Ave.	Balto. Md	1., 21224
£ 3 <u>\$</u>	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF	EMETERY OR CREMATORY	23d LOCATION		
	TRI	IPIAL	11-11-860 HOW K	MARY CEM.	RAITIM	DAK COUN	MARYIANI
DAA 4/93	24. F	UNERAL DIRECTOR		2/224 25a DAT	E REC'D. BY REGISTRAR		
50M 4/83 5, 4)	K	MANDAMIKH I	Home 2505 Ele	FF G+ N	JA 15 1900	(Julia d) 60	idson. Kandale
	LY	TO COROVINI T.	THIS GOGSPIE			U	

31 (1 Jun 18 5 2 8 U THE ENGLISHED FOR THE CONTRACTOR PERS BY A CONTINUE OF PARTY AS SOMETHING TO CONTINUE TO NO THE PROPERTY OF THE PROPERT The first of the second contract of the second of the seco 100 E 20-2 C-01 EV - 25 C-10 - 20 C-

	1	FOR		OED A D		E OF MARYLAND LEALTH AND MENTAL HYC	8 6	3 1 0	3 2 0
23561 NOV	12	STATE Mildred	M. Szym			ICATE OF DEATH	REG. NO.		1920
23561 NOV		EDASED NAME FIRST		M.	S= 1/m	ast	20. DATE OF DEATH MONTH	H OAY YEAR	9 4
tor. pog ofter de	3. SE		4. RACE	ITE	5 DATE O	12	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR	HOURS MIN.
A Popular	17	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITYOR CO	UNTY OF DEATH	
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10. C	New Jersey	11. NAME OF I	S . HOSPITAL, NURS THE FACILITY, GIVE STREE		DR OTHER INSTITUTION	Baltimor 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND C	MD. OF BUSINESS OR
	USI	Baltimare, AL RESIDENCE (IF NURSING HOME C	Ba N DR OTHER INSTITUTION	GIVE RESIDENCE BEFO	S HOS		Housewif	е	
0 J	1	MD 13b. COU	INTY	Balltim	ore	134. INSIDE CITY LIMITS? YES X NO 1 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS / ZIP		226)
1	0	FIRST	WIDDLE	Ed war		FIRST Ann:	i.e MIDDLE		ing ham
andicol	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	212-26		Anthony R.	Sim, Sr., 7	asadena 912 Bell	
physicro npopers. movol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per ED BY ATE CAUSE (0)	line for (o), (b), o	end (ch)	mie Shock		APPROX BETWEEN	KIMATE INTERVAL ONSET AND DEATH
eoth cer tending ve corbo on, or re umotic e	E	Conditions, if ony, which		r as a conseoi	IENCE OF	prodal e	latin	2	4 has
by the or ose removil, cremoti		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEO					
equires to signed. Then ple to burio injury, or	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	N GIVEN IN PART 1:	0,
he low r on. hos bee 1 permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IF YES, WERE FINDING CAUSES YES T	
ICIAN: The g physicion entificate h iol-transit em 18 she	7	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 1B PART 1 OR PART 2)	
G PHYSIC CE this ce this ce the buring ond Merked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		*	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TENDIN tol or o OR: Aft or use os f Heolth		220.1 certify that (I) (this hasp sow the deceased alive a	n 1//		No.	nd that in (my) (our) apprion	deoth occurred on the date on	d hour and from the	that (I) (we) lost
OR AT DIRECT DORECT Oched fo Dept o		obove, (I) (we) (did) (did n 22b. SIGNATU T	at) view the body	an N		DEGREE		22c. DATE	SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote		226 PHYSICIATES NAME (TYPE	OR PRINT)	41/		22e. ADDRESS	Director Physician [121230
Topic	230.	BURIAL, CREMATION, REMOVA	L 23b. DATE	230		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		Cremation UNERAL DIRECTOR	1 11/1	0/86 W	estvi	ew Mem. Pk.	Baltimore E REC'D. BY REGISTRAR 25b. RI		and
DHMH - 16 60M 7/84 (VRA 15, 4)		eorge J. Gono	e,4001	Ritchi	e Hq.			ANIDICENANTO	SA A

injury, or other troumotic event,

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

8	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	40				
1. DE	CEASED NAME	FIRST	A A	AIDDLE	1	AST	20. DATE OF DEATH	MONTH	OAY	YEAR	25 HOL	JR
(TYP	E OR PRINT) 74	ORA	LiL	LIAN	TAI	AFE	November	6,	1986	441		М
3. SE	X		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BE	RTHOAY)	IF UNDER		IF UNDER	
1	Female		Whit	е	June		71	YRS	MON1H5	DAYS	HOURS	MIN.
7a. 8	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEA	HTA	0-1	
	Maryland		United	States	WIDOWE	_	Baltimor	e CI	TY,			MD.
1) 0	HY OR TOWN OF DEA Baltimore	ТН	11. NAME OF H	OSPITAL, NURSIN HEACILITY, GIVE STREET Agnes Hos	GHOME C ADDRESS) Spital	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOSI Quality-C				actu	
13a.	STATE	13P CON	other institution. ITY Arunde	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 7465 Furn	ace B	rance	e Rd	./21	061
	ATHER'S NAME					15. MOTHER'S MAIDEN NAM	ME				-/-	
	John	,	WIDDLE	Jacobs		Frances	WIDDLE		Bay	l V		
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS 17			Stre	eet
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-01-2	945	Georgette Sc	chaefer / P	asade				
	18 CAUSE OF DEATI	H Enter on	y one couse per						BE	APPROXIA	MATE INTE	RVAL DEATH
	PART I. DEATH W		E CAUSE (o)	DENOCI	7RC1	NOMA BREA	IST					
			DUE TO OF	R AS A CONSEQUE								
	Conditions, if ony, which (ib)											
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									THE .	120	
	underlying couse	last.	(c)									
z	PART 2 OTHER SIGN	I FICANT C	ONDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GI	IVEN IN P.	ART 11a		
TIO												
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	LIMITED YES NO	IN CERT	S, WERE IFYING C 'ES (4)			TH?
	210. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR P	ART 2)		
CAL	(IF EITHER, NOTIFY MEDIC		P./		19							
MEDICAL	21d. INJURY OCCURR		21e PLACE (OF INJURY	ARM FIC)	211 LOCATION STREET	CITY OR TO	OWN	COU	NTY		STATE
~	AT WORK NOT WH	K				1				91		
	220.1 certify that (1)			e deceased from _		. 19	to		19		hat (l) (
	saw the decease above, (1) (we) (d	d alive an id) (did nat	view the bady	ofter death.	. 01	nd that in (my) (our) opinion o	death occurred an the c	lote and ha	ur and fro	om the c	auses sta	oted
	Michael & Pelagar DEGREE ATTENDING MEDICAL STAFF 11/8/86											
	224 PHYSICIAN'S NA	ME (TYPE OF	PRINT)			22e ADDRESS				-/		
	MICHAE	LE	E. PEL	CZARI	14		CHARGE SERVICE					
	BURIAL, CREMATION,	REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	,		TATE
	Burial		Nov.10	,86 Ced	lar Hi	ill Cemetery	Brooklyn		e Ar	unde		1.
24 F	UNERAL DIRECTOR			3204. Mou	mtair	Rd. 250 DATE	REC'D. BY REGISTRAN					,
N	Accully Fun	eral	Home /	Pasadean,			UV 1 3 1981	1 gu	lia Di	proces	v. Kon	dall

DHMH - 16 50M 1/81 (VRA 15, 4)

CARREST PHARMED - - A X 20 ST 1: Under C La La Caraciana de la Caracian the control of the co TOWER BEET . ETT A legal to the same

A CONTRACTOR OF THE PROPERTY O

. S. Alatra gane . W. 1997 The Principle of the Control of the Con

2 2	700 N	IOV I	1-	FOR STATE REGISTRAR	DEI	PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE 8 6	3 1 8 2 2			
43	100 N	OV I	. DE	EASED NAME FIRST	WIODLE	t	AST	20. DATE OF DEATH MONT	TH DAY YEAR 26. HOUR			
	e # 6		(TYPE	Stanley	Walter	Tac	lkowski	11/9/86	10 DM			
	A DO		1. SE		I. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY				
	4 90 4	9	1	Rale	White	9	12 1918	68	MONTHS DAYS HOURS MIN.			
1	2 42	222		THPLACE STATE OR FOREIGN 7	b. CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH			
	NU	30		Maryland	U.S.A.	WIDOWE	DIVORCED	Baltimore	City MD.			
1	1 1	3/1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPATION	PRING LIFET INDUSTRY LETON			
25) # E	00/	0		Francis Scott		dical Center	Chauffeur	Forwarders			
AND 21	n 24 hour	475	13a S	aryland Balt	imore Dunda	RTOWN	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP 3456 McShane	CODE Way/21222			
MARYL	ed with	130	P4 FA	THER'S NAME FIRST Frank	Tadle	owski.	15. MOTHER'S MAIDEN NA FIRST	MIDDLE	Levindowski			
W.	THE STATE	h		AS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	11-11-11-11-11-11-11-11-11-11-11-11-11-			
IMO	0 E	1		Yes (IF YES, GIVE WIT	217/0	1/7821	Ruth E. Tadl	owski (wife) (s	same as 13e.)			
DS, 201 W. PRESTON ST.,	autres that the deap differ a signed by the artifact. The please removed sign to be build, cremation	vental hygrene prior to builds, cremation	z	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Les Dear Consequence of DUE TO, OR AS A CONSEQUENCE OF Les DEAR CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Les DEAR CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Les DEAR CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Les DEAR CONSEQUENCE OF Les DEAR CONSEQUENCE OF Les DEAR CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Les DEAR CONSEQUEN								
AL RECOR	The low re- con. It permit. I		CERTIFICATION	Achin 19a date of Operation	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)			
NO PVII	SECIANI 1 ng physic certificate crof-trans tents! Hyg		MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY	H DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER MATURE OF INJURY IN 18	EM 18 PART I OR PART ?}			
NOISIAN	## # # P	3	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE			
	Z 0 # 8#	4	1100		220 1 certify that (II (this haspital) attended the deceased fram 19 15 , to 19 16 , that (II (we) last saw the deceased alive an abave, (I) (we) (did) (did nat) view the body after death.							
-	ATTENDING sospital or o ECTOR, Alte of for use or of all freshits	em 21 is mark		saw the deceased alive an abave, (I) (we) (did) (did nat)	- 110	19 66 , 01		death accurred an the date ar	nd have and fram the couses stated			
	ITAL OR ATTENDING by the hospital or or RAL DIRECTOR, who os talls Dept. of Health I	NT. If hem 21 is mark		saw the deceased alive an abave, (I) (we) (did) (did nat) 22b. SIGNATURE	view the body after death.	19 66 , 01	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF A	nd haur and fram the couses stated			
•	O HOSPITAL OR ATTENDING noticed by the hospital or or O FuneBal, DRECTOR, after hould be detected from use of oth the State Dept of Meeth.	WBORTANT: If hem 21 is mork		saw the deceased alive an abave, (I) (we) (did) (did nat)	view the body after death.	19 66 , 01	DEGREE ATTENDING	MEDICAL STAFF ^	nd haur and fram the couses stated			
•	TO HOSPITAL OR ATTENDING retained by the hospital or or TO FUNESAL DIRECTOR. Alter should be detected the vie on with the State Dept of Health.	MROBTANT: If hem 21 is mork	230. E	saw the deceased alive an abave. (1) (we) (did) (did nat) 72b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR	view the body after death.	19 (16	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN PHY	128c. DATE SIGNED			
•	TO HOSPITAL OR ATTENDING retained by the hospital or or or other sea, DRECTOR: Are should be democrated for use on with the State Dept. of Health.	IMBORTANT: If them 21 is most		saw the deceased alive an abave. (I) (we) (did) (did nat) 72b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR URIAL, CREMATION, REMOVAL	Line of Charles Country Country Country Charles Charle	19_{16, 01	DEGREE ATTENDING PHYSICIAN [22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN PHY	22c. DATE SIGNED 1/4/P6			

021	1 0 1 11011		OR FATE			DEPARTA			ARYLAN I AND ME		YGIENE	6	3 1	8 4	2. 3
024	484 NUV	191	TATE EDISTRAR		ME	DICALE	XAMIN	IER'S	ERTIFIC	CATEO	F DEATH	REG.	NO.		
			EASED NAME	FIRST		MIDDLE			LAST	-	2a. D	ATE KNOWN		DAY YEAR	26. HOUR
	FT 88.5. 8.	1,,,,,		seph	C€	phas		Ta	illie,	Jr.	DE	OF ESTI-	х х 11-	-9 19 86	5
	A C S S S S S S S S S S S S S S S S S S	3. SEX	4. RACE	5. D.	ATE OF BIRTH		6 AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER			MONTH	DAY YEA	R 2d. HOUR
	S NECESSARY, PLEASE ENNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS WESTON STREET,	Mal		c 5		1961	25 Y	· More	HS DAYS	HOURS		OUNCED DEAD	11-		10:30 a. M
	SESS AND A SESSION OF THE PRINCE OF THE PRIN		THPLACE (STATE OR IGN COUNTRY)	7b. C	ITIZEN OF W	HAT COUNT	RY?	8. MARR	ED NEV	ER MARRIE	9. BA	LTIMORE CIT	Y OR COUNT	OF DEATH	
1	S S S S S S S S S S S S S S S S S S S		RYLAND		U.	S. A.		WIDOW	ED 🗆	DIVORCE	D D E	Baltimo	re City	7.	MD
7	SEE SEE	10. CIT	Y OR TOWN OF DEATH		F NOT IN SUCH F	SPITAL, NUR		E, OR OTH	ER INSTITUT	TION	120 USUAL O	CCUPATION (TYPE OF WORK	26 KIND OF	
1	DELAY N PAC IDS, 24	В	altimore		4017 E	dmonds	on Av	enue			LABORI	WORKING LIFE)	TO THE	OR INDUS	JIKY
5	AND ORD	USUAL 13a. ST.	RESIDENCE (IF IN NURSIN	IG HOME OR OTHE	R INSTITUTION, G			ION)	La compa		13e. STREET AI		timore	Marri	beef
2120	ATH. IF ANY DELAYNS N. ES 1, 2, AND 3 TO THE FULL PAM 3. RETAIN PAGE 5. WHO SHOULD BE FILED. SHALL RECORDS, 201 W.	1000000	RYLAND	COUNTY			ORTOWN		13d. INSIDE CIT		13e. STREET AL				
MD.	H. T. 2, 2, 3.	14. FA1	HER'S NAME	MIDE	DIE				15 MOTHE						
	DEATH.		Joseph		otte .		llie.	Sr.	RO	setta		WIDDLE		Willia	ame
BALTIMORE		16a W.	AS DECEASED EVER IN	U.S. ARMED F	ORCES?		AL SECURIT		17. INFORM			Re-APPE	more, 1		
5	\$ > - O !!	(163	NO.	YES, GIVE WAR OF	R DATES)	219-	70-210	7	Poset		lliams		Edmond:		
10	WITH PARTY P		18 CAUSE OF DEATH (Enter only one	couse per line				Nosec	La MI	TITOMS	4017	Edilond		ATE INTERVAL
15	NE SKA I		PART I DEATH WAS	CAUSED BY:		Hangin								BETWEEN ON	SET AND DEATH
1 1	ITEM I ITEM I FERM GIENE		I.A	MEDIATE CA	U3E (0)	R AS A CONS		OF							-
一幅	EWC ENCE		Conditions, if any,	which	50210,01	AS A COITS	E GOEINCE	Or							
×	N S S S S S S S S S S S S S S S S S S S		gove rise to improve couse (a) stating the		(p)	16.160.16								-	
201 V	TIN PENCIL IN EXAMINER, SEAL-TRANSING MENTAL HIGH		lying couse last.	onder	DUE TO, OR	R AS A CONS	EOUENCE	OF							
5,2	25.00			((c)										
DIVISION OF VITAL RECORDS.	D BE EXECUTED WITH THE PENDING" IN PENCIL IN ITEM IN MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERMIT PEMIT AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CO	NUITIONS CONTRI	BUTING TO OFATH	BUT NOT RELATE	ED TO THE TERM	IINAL DISEASI	DR CONDITION	GIVEN IN PAR	T 1 (a)				
Ü,		MEDICAL CERTIFICATION	19a. DATE OF OPERATIO	N.I.	Linesaua										
7	A HEEF	Š.	196. DATE OF OPERATIO)N	196. CONDI	TION FOR W	HICH OPER	ATION W	AS PERFORM	MED?				20 AUTOPS	Y?
2	CERTIFICATE SHOUTING THE WORD DED TO THE CHIE E 3 SHOULD BE US!	Ē.	S SYSSEN CALLS	1116										YES 🗌	моХХ
O	THE VIEW	U	INDERIVING XXOP		HOUR A.M	f Injury 1. Month 1	DAY YEAR	21c HC	OW INJURY (OCCURRED	(ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART	2)	
ON	ERTIFIC THING THING THING SHOULD FRIOR 1	S	INDERLYING XXOR		1 ? P.N	119		6 SU		hange	ed hims	elf			
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۵	E. THIS C RWARDE PAGE 3 STATE D 7, 21201		WHILE NOT WHAT WORK	KX AN		ome				monds	on Ave.		o., Mar		STATE
	NER: THIS CERT CATE, WRITING FORWARDED TOR: PAGE 3 SH THE STATE DEPA		22a. I certify that the	k charge of th	ne remains des	scribed above	e balet au	Autops		Inspection					
	EXAMINER: CERTIFICATE ULD BE FOR UD BE FOR (, WITH THE?		death resulted	Notural cau	- 170	Accident	70	XXX	10000000	Inspection			ond in my opir	lion	
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	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOUD BE FATE TO FUNERAL DIRECTO A FOR ENDER DEATH, WITH THE BALTIMORE, MARYLAN	E	XAMINER'S NAME	Dennis	F. Sm	yth, M	l.D.		ADDRESS.	111 Pe	enn St.	, Balte	o., Md.	2120)1
	PATO PATO —	23e. BUF	IAL, CREMATION, REM	OVAL 236 DA	TE				CREMATOR		23d. LOCATIO				
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MUTTER & BOWS FUNDALL HOME, INC.

BALLESON Ave. 2109

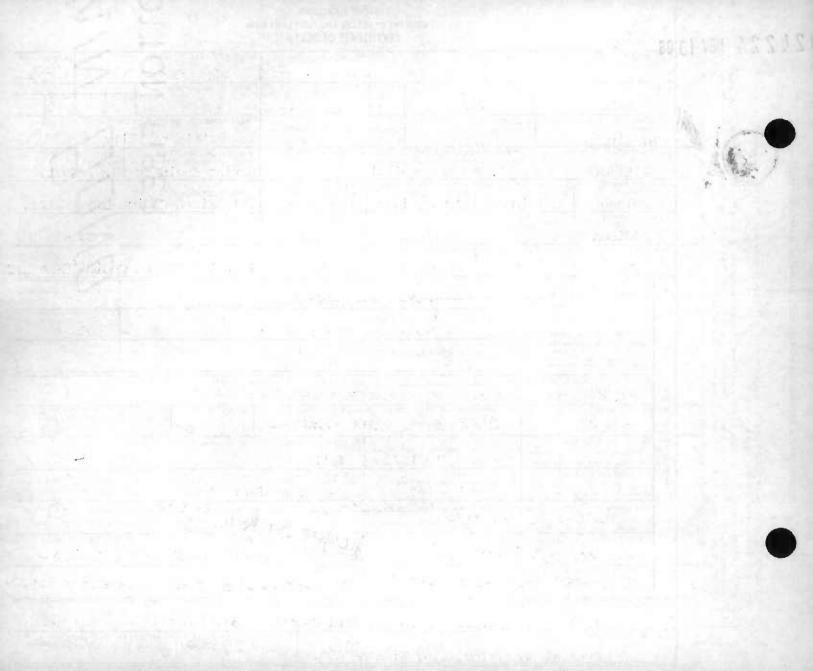
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ZAAEE		WHILE AT WORK	AT WORK									
MNER: THIS CERTIFICATE SHOUL FICATE, WRITING THE WORD "" E. FORWARDED TO THE CHIEF CTOR: PAGE 3 SHOULD BE USE H THE STATE DEPARTMENT OF H THE STATE DEPARTMENT OF H UAND, 21201 PROR TO BERRALL		220. I certify	y that I took charge	of the remains desi	cribed obove, held on	Autop	sy , Inspec	tion X,	Inquiry .	ond in my o	pinion	
A PER		death resulte	d from: Noture	l couses A	Accident , S	uicide	, Homicide	- Undeter	rmined monner	<u></u> .		
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TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SITE AFTER DEATH AF	23a.B	URIAL CREMAT	ION, REMOVAL 23		23c. NAME OF CE			123d LOC	ATION		thim o	STATE
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YSICIAN: The ding physicion is certificate h buriol-transit Mentol Hygie	8 sho	CER	21a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY	Y OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM		R PART 2)	
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	₩Q%B₩E	-	EXAMINER'S NAME (TYPE OR PRINT)	ennis F. S	Smyth, M.I	ADD	RESS 111 E	Penn St.,	Balto.,	Md. 21	201
		230.B	URIAL CREMATION, REMOVAL 2	36. DATE) //	23c. NAME OF	CEMETERY OR CR	EMATORY	23d. LOCATION	1.F.	EOUNTY	PISTATE
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FOR - STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

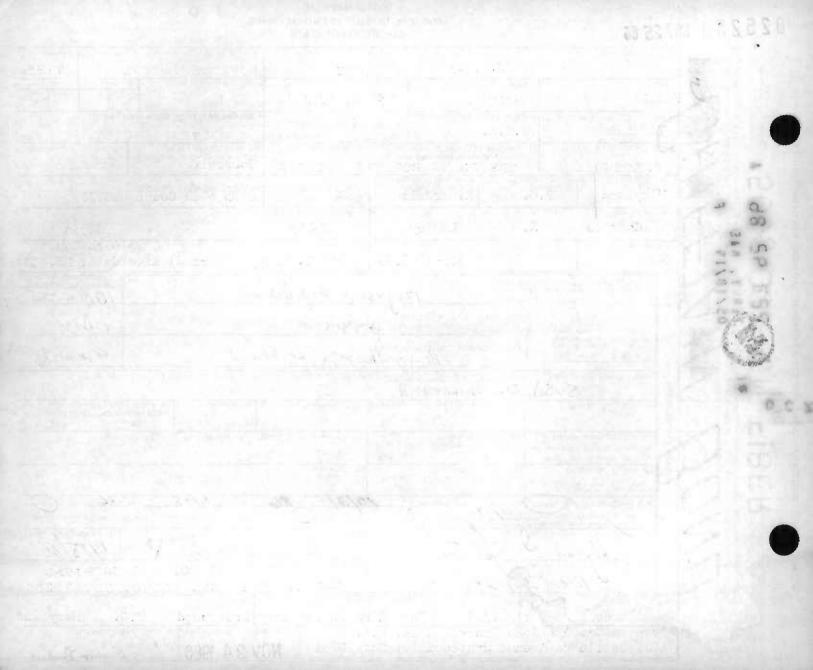
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION 5	120. USUAL OCCUPATION	ON 126. KIND O	F BUSINESS OR
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		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	SS	
A WILL		ES, NO ON OTHER OWN	215-80-0	0168 Henry Tenpe	er Houst	ton TX	
A 14 50 13		IR CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and		,	APPROX	MATE INTERVAL ONSET AND DEATH
A 18 3 1		PART I. DEATH WAS CAUSED	BY. ARDIA		UMUNIA	1-	-Ann
THE WAY		IMMEDIAT	E CAUSE (a)	711000 11110	010101		111/1
₩ 176 9-50			DUE TO, OR AS A CONSEQUE	NCE OF			
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I GOT CREE & I		couse (o), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			
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- C - SE SESTIMA	Z						
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DHMH - 16 50M 4/83		NAME HILL M	ADDRESS A	Rallo assignou	25 1986	who Dander K	distant
(VRA 15, 4)		(cerew / K	noual +17 10	WELL TITOSUA	TO IAAA		

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STATE OF MARYLAND 025259 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME 2b HOUR (TYPE OR PRINT) (N.M.I.) NOVEMBER 18. 1986 7:35M TERRY MAE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR 3. SEX May 18, 1919 YEAR emale Caucasian 67 To. BIRTHPLACE ASTATE OR FOREIGH 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Virginia U.S.A. WIDOWED DIVORCED [BALTIMORE CITY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION IN CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWITE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Own Home JOHNS HOPKINS HOSPITAL BALTIMORE SUAL RESIDENCE (IF Riverdale 6275 67th Court 13d. INSIDE CITY LIMITS? Maryland 20737 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Davis Lasley Charles Polly ADDRESS 6275 67th Court 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 579-10-3929 Ruben C. Terry (Husband) Riverdale, Md. 20737 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF LOCYTIC LEUKEMIA underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED 71e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an obave, (I) (we) (did) (did nat) view the body ofter death (our) pointan death accurred on the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN NAME (TYPE OF PRINT) 22e. ADDRESS THE JOHNS HOPKINS HOSPITAL 600 N. WOLFE ST. BALTO. MD. 21205 230 BURIAL, CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 73d LOCATION CITY OF LOWN 11/21/86 Fort Lincoln Cemetery Brentwood Burial P.G. Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Casch's Sons Funeral Home, P.A. DHMH - 16 60M 7/84 4739 Baltimore Avenue Hyattsville, Md. 20781 (VRA 15, 4)

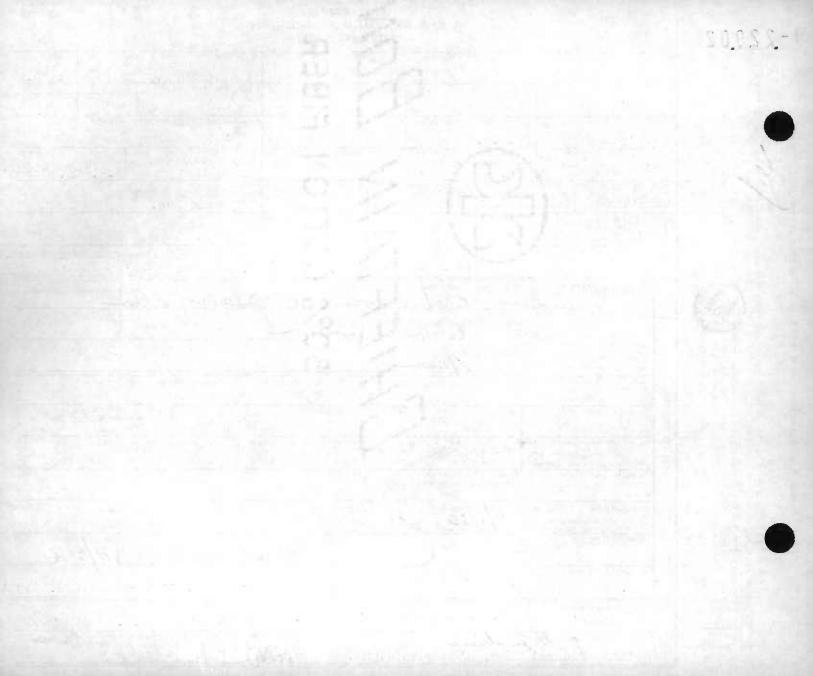


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oth.	0	aryland	65	U.S.A		WIDOWE		Baltimore	City	MD.
d with the day	9	ITY OR TOWN OF DEATH	1	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Custodian	F WORKING LIFE) INDU	IND OF BUSINESS OR ISTRY A. Co. School
12 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	USU	AL RESIDENCE (IF NURSING	S HOME OR	OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)				. co. bonoc
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1 3 4 5 -		ATHER'S NAME					15. MOTHER'S MAIDEN N	AME		22030
With plets	X.A.	ouis	Hern	AIDDLE	Theisz		Mary	M -	Нез	rget
com com	1	WAS DECEASED EVER IN			116b SOCIAL SECU		17. INFORMANT	ADDR		na Vista Ave
and and age				WAR OR DATES)	212-05-9	803	Mrs. Eleano	aughter) r V. Breeden		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 within 24 with certificate has been signed by the attraction on and completely filled in b. as the buriol-transit permit. Then please remoint in and Mental Hygiene prior to buriol, crematic and mental Hygiene prior to buriol, crematic and mental Behave only injury, or other training and effect and medical angule of the market hygiene.	NO	Conditions, if any, gove rise to imme couse (a), stating underlying couse	which diote the lost.	DUE TO, C	DR AS A CONSEQUENCE OF AS A GONSEQUENCE	ENCE OF	Angiw NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART Ico
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ON OF VITA IYSICIAN: TI ding physicis certificate burial-transit Mental Hygi	0 1	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA	III	OF INJURY M. MONTH D '.M.	AY YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P	ART 2)
DING PHYS or attendin After this of e.e.os the buildith and Me	MEDICAL	214 INJURY OCCURRE WHILE NOT WHILE AT WORK			OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET	CITY OR TO	OWN COU	NTY STATE
spital o Spital o CTOR: A for use of Heal		220.1 certify that (1) (1 sow the deceased above, (1) (we) (did	alive on	11/1	1/De 19	\$6.0	nd that in (my) (our) apinio	, to, to n death occurred on the d		, that (I) (we) last om the causes stated
SPITAL OR A 3 by the host VERAL DIREC be detoched e Stote Dept.		22b. SIGNATURE		y	78			MEDICAL STA		1/3/16
HO FUIL		Dr. Yeong		R PRINT)	10		22e ADDRESS 1412 Crain	Highway N.	Glen Burn	ie, Md. 210
₽₽	23a	BURIAL, CREMATION, RI (SPECIFY) Burial	EMOVAL	NOV.	4, 1986 C	NAME OF C	EMETERY OR CREMATORY Bluff Cem.	23d LOCATION CITY OR TOWN Annapoli	S A.A.	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		ingleton Fu	nera	Home,	Glen Bur	nie,	Md. 250. D/	V - 5 1986	25 WREGISTRAR'S SI	dan P. Jack



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DHMH - 16 60M 7/E (VRA 15, 4)

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STATE OF MARYLAND

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NOV	25	FOR STATE REQUISTRAR	DEPART		EALTH AND MENTAL HYO	GIENE . REG. NO		\$ (A)	· y 1139
	LITTE	CEASED NAME Helen	E. /	hie	sing	2a. DATE OF DEATH	20-86		HOUR
1	_	EMALE	WHITE	S. DATE OF	YEAR YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS		UNDER 24 HRS OURS MIN.
9	N	EW YORK	76. CITIZEN OF WHAT COUNTRY US A	MARRIE		BALTIMORE CITY O	RE C.	174	MD.
10	B	ALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE VILLA OTHER INSTITUTION. GIVE RESIDENCE BEFO	MIC M	HAEL	120 USUAL OCCUPATION OF THOM	F WORKING LIFE) IN	DUSTRY	USINESS OR
3	m	STATE NIL COUN		WN	13d INSIDE CITY LIMITS? YES NO X		ZIP CODE TRIDGE	210 = RL	0.
30	11:		MENGERT MED FORCES? 166 SOCIAL SEC	LIBITY NIO	CLARA 17 INFORMANT	ULRICH ADDRE	55	LAST	
2		(IF YES GIV	e WAR OR DATES) 063 18	3376	FAMILY	RECORI	25	18880v13	
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	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR A CONSEQUENCE ON THE CONSEQUENCE OF THE	nan	A HEL	MINAL DISEASE OR CONF	ASP DITION GIVEN IN	PART No.	
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9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 216. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	DAY YEAR	216. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF INJUR		R PART 2)	STATE
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	B	SURIAL, CREMATION, REMOVAL SPECIFY) URIAL	11/- 1 . 1	ATE	EMETERY OR CREMATORY OF HEAVE!	1011211111		CHEST	
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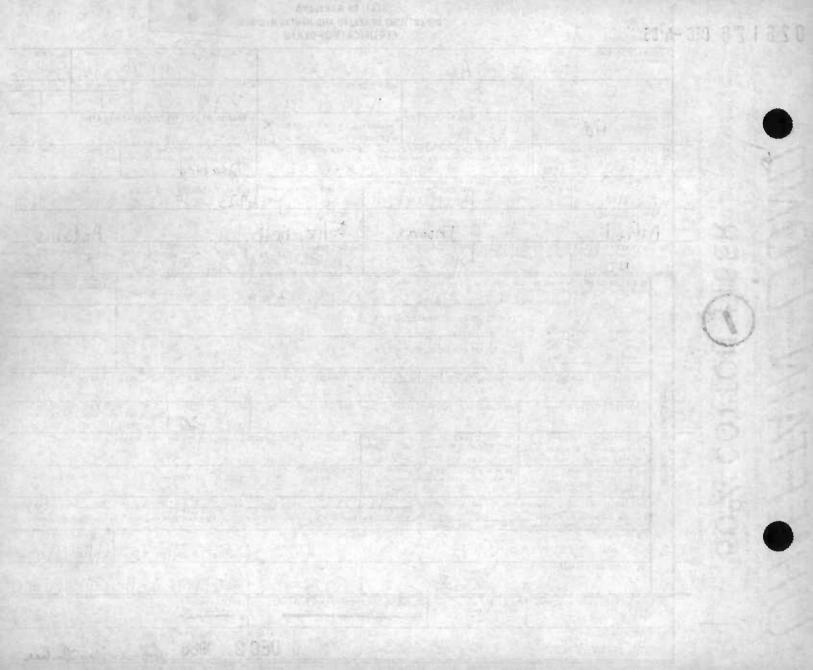
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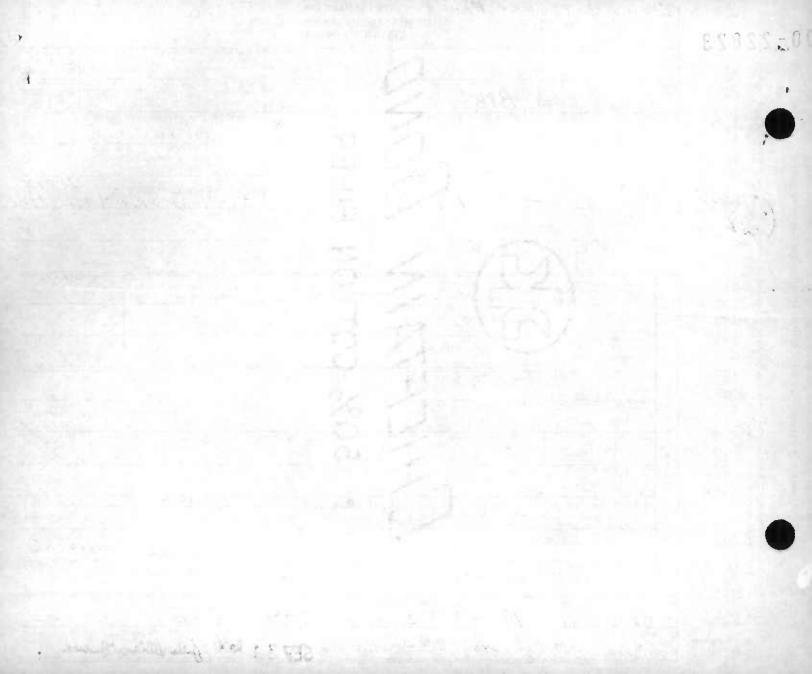
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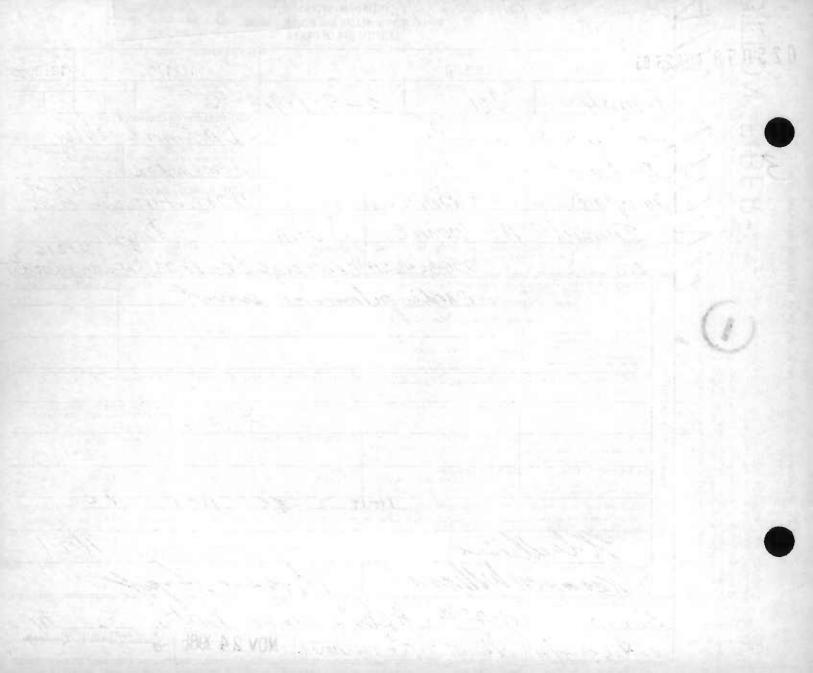
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Fr. . Gendolyn Kelly 2310 to her crust

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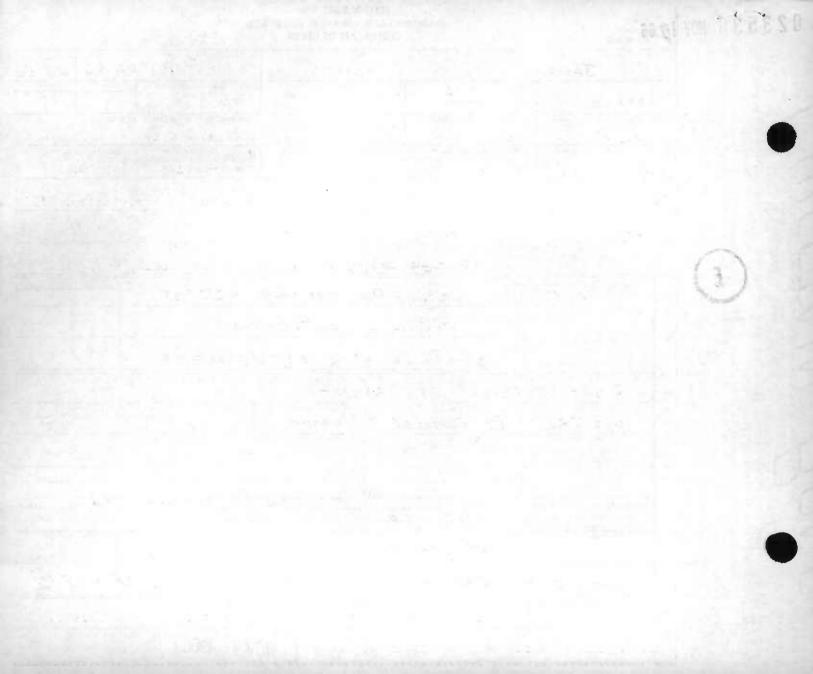
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

John C. Miller, Inc., 6415 BeTair Road, 21206

250 DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE Ilia Divideon Randall



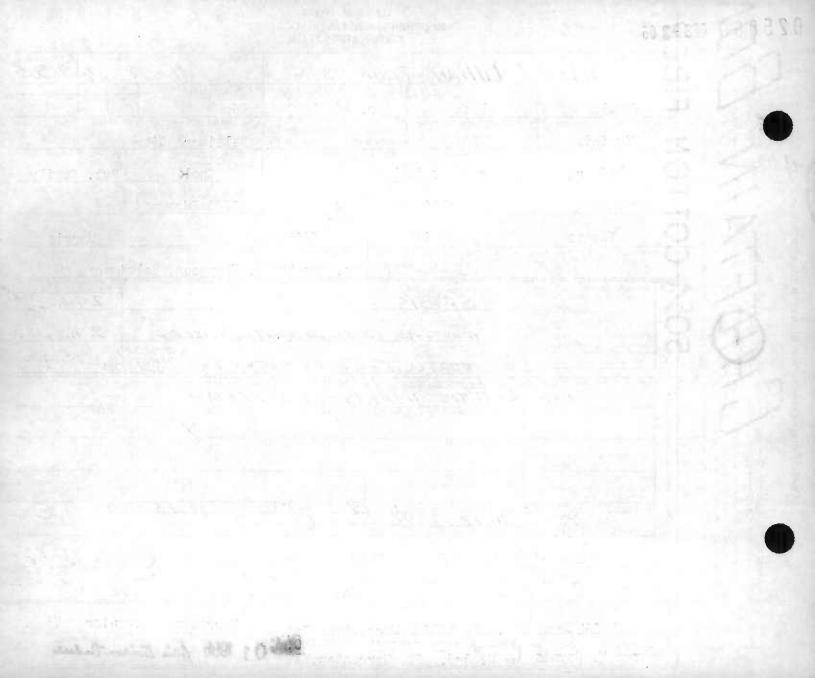
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4 000		UL CAUVE OF BEATH I	970 03	TOT THE SILVE THE	6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
m con the		PART I DEATH WAS CAUSED I	BY	CARDIO RESPIE	CATTORY ARRES	BETWEEN ONSET AND DEATH
5 55		IMMEDIATE	CAUSE (e)		-0,0, 4, .0,00.0	
of the state			DUE TO, OR AS A CONSEQUE	NCE OF	11101	
151 100 100 100 100 100 100 100 100 100		Conditions, if any, which	(4)	SENT C S.	HOCK.	
E /1 NIE		gave rise to immediate course (a), stating the)			
≥ 6 5 5 4		underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
E LE BEE			(e)			
N THE STATE OF THE	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART Ita
8 151	TION					
8 1 414 6	FICAT	194 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	WERE FINDINGS USED YING CAUSES OF DEATH?
the state of the s		I STATE OF THE STA				S NO NO
10 9 9 9 7	E E	218. ACCIDENT WAS UNDERWING	TIN TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ARI I OR PARI 2)
A 34 445 T/	11.7	OR CONTRIBUTING CAUSE OF BEATH		VA -11052751		
x 52 035 47	MEDICAL	THE PAULEY OCCURRED	P.M.	21f LOCATION		
05 4 4 4 b b	¥		THE PLACE OF INJURY (AT HOME STREET, FACTORY DIRECT, Y)		CITY OR TOWN	COUNTY STATE
W OH HER	10	All ages To again which To		100	1. 1 =	ce.
do vie		22x1 certify that (I) (this haspital	uttended the deceased from	10/2/ 19 36		19 that (1) (we) last
PR 0 2 2 2		saw the deceased alive on	11/21 19	86, and that in (my) (aur) apinian	death accurred on the date and have	and from the causes stated
4 8 8 8 8 8		obove, (II (wir) (did not) v	was the body ofter death.	DEGREE		22¢ DATE SIGNED
6 5 6 6 5 4			hive d.	CAC ATTENDING	MEDICAL STAFF	THE DATE SIGNED
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			.01	PHYSICIAN [DIRECTOR PHYSICIAN	28/12/11
FUNER THE SECOND		224 PHYSICIAN'S NAME LIVE OFF		22e ADDRESS		
		LEDUVINA	C. CULTO	LYBER	TY MUDICAL	CENTER
5 5 5 7 3	2 Yo.			AME OF CEMETERY OR CREMATORY	23d. LOCATION	
	100	Rusial	Dord Ch	TO CEMETER OR CREMATORY	CITY OF OWN	COUNTY CASIAN
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DHMH - 16 60M 7/84	74. F	THE BY DIRECTOR 7	R 1 Phone	2222 W 250. DAT	E REC'D. BY REGISTRAR 256 REGIST	
(VRA 15, 4)		MXU Greec	y or. (). KUSS	Kouth Hue - NO	124 1986 Autia	Divideon Randales
	-			7.0.7.1	Y LI 2 1000	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	10-4	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME OR PRINT)	ELE	N Lil	VIDDLE	THO	MPSON	20 DATE OF DEATH	MONTH / / /	8-86	26. HOUR 8:30 P
Ì	3. SEX	(-1-1	4 RACE	45 70 47	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		Female		B1	ack	Apr		86	YRS.	MOTITIS DATS	NOURS MIN.
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	75
4	10 60	Virginia TY OR TOWN OF DEA	711		SA	WIDOWE	DROTHER INSTITUTION	Baltimore			MD.
P	IN CT			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIF	E) INDUSTRY	F BUSINESS OR
ł	USUA	Baltimor			Cy Hospit			Cook		Pvt.	Family
Š	13a. S	Maryland	136 COUN		Baltimo	N	13d INSIDE CITY LIMITS?	3509 Edd	ZIP CODE	Pood	45
1	_	THER'S NAME			40 m	71 6	15. MOTHER'S MAIDEN N	AME	ewoou	Noau	
1		Thoma		MIDDLE	Smith	1	Edith	WIDDLE		Ha	rris
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRI	ESS		
I	(1	NO	(IF TES, GIVI	WAR OR DATES!	223-40-9	9282	Ms. Dorothy	H. Thompson	, Bal	timore,	MD
I		18 CAUSE OF DEATH PART I. DEATH W	(Enter on	y one couse per	line far (a), (b), on	d (c)				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
ı	8			E CAUSE (a)	SEPSI	5	THE STATE OF			24	hrs
1	3				R AS A CONSEOU		nate nemia			10	L. W.
ı	35	Canditians, if any, gove rise to imm	ediate				AREE DECUB			2	Monins
	N	cause (a), stating underlying cause	last.	(c)	RAS A CONSEQUI	LING		111000	TRACT	CIVIII	5 yrs
	NO	PART 2 OTHER SIGN		- ICE TO		14PE	NOT RELATED TO THE TER		DITION GIV	EN IN PART 110	3.
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S []	NGS USED OF DEATH? NO
>		21a. ACCIDENT WAS UND	-		FINJURY M. MONTH D.	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	RY IN ITEM 18 P	PART 1 OR PART 2)	ALL STATE
١	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER	P./		19		The Later			
ı	MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ı		22a.l certify that (I)	-	a Battandad the	a decoursed from	1/-	18 10 87	17-	18	10 860	
1		saw the decease above (1) we (d	dalive on	11-1	18 19 3		nd that in (my) (our) opiniar	death accurred an the d	ate and hou	r and from the	couses stated
		22b. SIGNATURE	9	Nes	bitt	M	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN I	22c. DATE	18-86
1		22d. PHYSICIAN'S NA		NES	RITT		22e ADDRESS MEN	zcy Hosp	1794		21202
4	22- 0	LIBIAL COSTULTION				1445.05.0	38/ ST PF	rul peace	EL	BACT, K	(1)
		URIAL, CREMATION, I	KEMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	n Ea	uquier	VÁTATE
1	2110	BURIAL DIRECTOR	C	INOV 2			enton, Com.	Warrento TE REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
	G	eorge W. &	oynes				HOME, INC.	0 1 1986 4	lia Des	ideon Rans	lassi
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DHMH - 16 60M 7/B4 (VRA 15, 4)

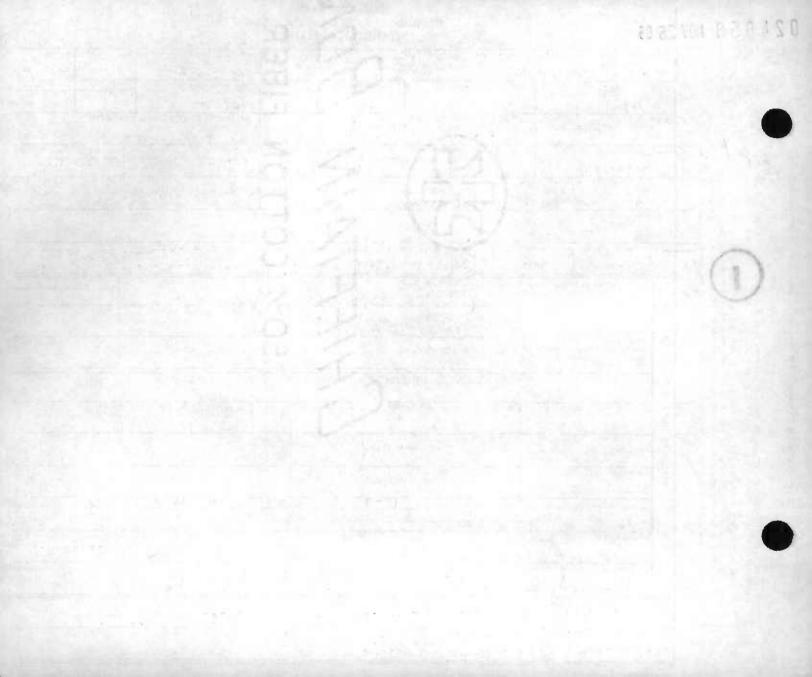


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				STATE OF MARYLAND	8 6	5 1 5 4 /
024958 NOV	DE.	FOR	DEPART	MENT OF HEALTH AND MENTAL	HYGIENE	
2 1 0 0 0 1101	20	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
		CEASED NAME Pa FIRST (a	/k/a) Raymond 7	hompson	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
noy be poge 3	(TYPE	AY Thomas	/ K/a / Raymond	Hompson	11-19-86	9.130
600 of	3. SE			Is. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
offer.	3. 32	^x Male	taite	MONTH DAY YEAR	Control Control Control	MONTHS DAYS HOURS MIN.
ar sect		m	CAUCAS, AN	6 10 1	7 69	YRS.
2 2 8		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH
1 11/2		Virginia	U.S.A.	WIDOWED TY DIVORCED	- 0 1	impre City ME
	FIO C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION		
_ /計 钱 粉/	1	D. 144	(IF NOT IN SUCH FACILITY, GIVE STREE	(ADDRESS)	Labor	of working life) Industry Warehouse
20	7050	Baltimore AL RESIDENCE / JE NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	ILLA LPITAL CALL		7/00/1/
0 TH TH 36 M	13a.	STATE 136 COUR		VN 134 INSIDE CITY LIMIT	- 0	/ ZIP CODE
NA PROPERTY	N		Himory Daltin	OF YES NO [308 S CON	Kling S4
RYL FULL I	14 F	ATHER'S NAME FIRST	MIDDLE LAST	15. MÖTHER'S MAIDEI	N NAME MIDDLE	LAST
N 2 7 ///	1	Ray Thompso			nnors	
E S		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDR	Joppa, MD. 21085
Q / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1	(W2 ROR DATES) 224-1	1-1034 Raymond L	Th 01	
E (12)7	-				Thompson 21	8 Chimney Oak Drive
4		18 CAUSE OF DEATH (Enter or PART), DEATH WAS CAUSE	nly one couse per line for (o), (b), o	nd Ich		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			TE CAUSE (O) QUONO	e aspiration	MOUNOW N	
NO 4 PORT			DUE TO, OR AS A CONSEOL	JENCE OF		
deorte ove ove our		Conditions, if ony, which	(16) (D) Ba	salcavara (ACI	
he of		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
W not to		underlying couse lost.	DOE TO, OR AS A CONSECU	PENCE OF		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 DIVISION. Offending physicion. After this certificate has been signed by the offending the promonent completely follows the burial-transit permit. Then please remove containing the ord Mentol Hygiene prior to burial, cremation, at emity the order or flem I Black only injury, or other traumatic event.		DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OF CON	IDITION GIVEN IN PART 1/2
Sign sign ben o bu	z	PART 2 OTTLER STONIFICANT	COMPINORS COMPRISORING TO	DEATH BOTHOT RECALED TO THE	TERMINAL DISEASE OR CON	DITION ON EN INT ART THE
OR ree	CERTIFICATION	19n DATE OF OPERATION	10h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
low low	12	THE DATE OF OPERATION	178. CONDITION TOR WINCE	TO EKATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
AL I	Į Ē				YES NO	YES NO
PYSICIAN: T ding physici s certificate buriol-transi Mental Hygin or tem 18	U	210. ACCIDENT WAS UNDERLYING		AY YEAR 216. HOW INJURY OC	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
SICIA ng ph certif riol-t entol	¥	OR CONTRIBUTING CAUSE OF DE.	AIH	19		
PHYSI ending this ce buring Med Merid	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TO	OWN COUNTY STATE
VISIO G Ph onten ond ked	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR IC	JWN COUNTY STATE
DING PHY or offer this se as the bull of the offer offer this marked or mark			a by an adaptate decrease figure	11-14	×6 10 11-16	19 8 4, that (1) (we) los
01 (1)		sow the deceased alive on	ital) attended the deceased from,			lote and hour and from the causes stated
CTC CTC d fo		above, (I) (we) (did) (did no	of view the body ofter death	4		
OR ATTEN OR ATTEN DIRECTOR Sched for u Dept. of H	10	22b. SIGNATURE	11/1	DEGREE ATTENDIT	NG MEDICAL STA	22c. DATE SIGNED
- C		Hower	1 W ho	PHYSICIA		
HOSPITAL ned by the FUNERAL JID be det on the State ORTANT:	1	22d. PHYSICIAN'S NAME (TYPE	OR PR	22e ADDRESS	11-1	
		Howard !	Sligh	FSK	Modical (DIFTO C
Se S	22-	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATE	ORY 123d LOCATION	7777
	230	(SPECIFY) Cremation			CITY OF TOWN	COUNTY STATE
BP				ecurity Process		
DHMH - 16 60M 7/84			I Funeral Homes,	Inc.	O. DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)			Baltimore MD	21206	1000	Marie Tiniace
			- SO I MAINLY L. G. I. I.		- 1300	



25036	NOĀ	25.06 REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6 3	1843
Page 4 may be the retar, page 3 belows offer death	3. SE	M	Thompson SACE B CITIZEN OF WHAT COUNTRY? 8	S 3 YRS	SE 420 AM UNDER 1 YEAR IF UNDER 24 HRS WITHS DATS HOURS MIN.
in by the Tune at	10. CI	altimore AL RESIDENCE (IF MURSING HOME OR OTH	MARRIED NEVER MARRIED WIDOWED DIMORCED DIMORCED DIMORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION TIPE OF WORK YOR MOST OF WORKING LIFE)	20 CITY MD. 128. KIND OF BUSINESS OR INDUSTRY
Manual Ma	14. FA	MD THER'S NAME 5 5 6 2 9 5 PM	136. CITY ORJOWN 136. INSIDE CITY LIMIT: YES NO 15. MOTHER'S MAIDEN FIRST D. FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT AR OR DATES)	3402 DunonTt	212/15
death certificate be e attending physician a iove carbanpapers. Pa stion, ar removal. raumatic event, the me		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if any, which gave rise to immediate	Y. Calina Cart	THERTUNGTO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been signed by the rmit. Then please ren prior to burnal, crem any injury, or other t	NTION	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) HYPOTHERMIZEVENT NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE		IN PART 110 VERE FINDINGS USED
HYSICIAN: The II riding physicion. Ins certificate has build-transit pe build-transit pe Hymeria Hybride or Item 18 shows	MEDICAL CERTIFICATION	210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED		YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	NG CAUSES OF DEATH?
to R ATENDING P the hospital or after the L DRECTOR: After the stoched for use as the e Dept. of Health and e Dept. of Health and if them 21 is marked	<	WHILE NOT WHILE 220.1 certify that (1) (this haspital) sow the deceased alive an above, (1) (we) (did) (did nativity) 22b. SIGNATURE	DEGREE ATTENDIN		that (I) (we) last nd from the couses stated
TO HOSPITAL retoined by th TO FUNERAL should be det with the State IMPORTANT:	220.0	228. PHYSICIAN'S NAME LIVE OR PR	Roby 220 ADDRESS 220 ADDRESS	DRY TRILLING THE PHYSICIAN DE P	1 /1/10

23b. DATE

23t. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

CHYOR TOWN

TO THE PROPERTY OF THE PROPERTY OF

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

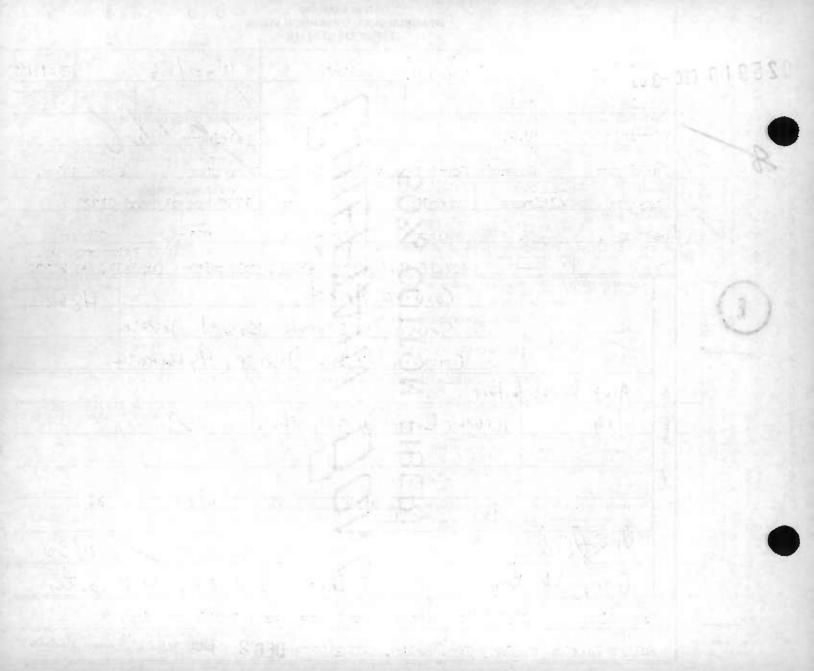
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1.4	-		REGISTRAR		MEI		EXAMIN	ER'S	CERTIFICAT	E OF DEA	TH	REG. NO.		
15	1,		DECEASED NAME	FIRST		MIDDLE			LAST		20. DATE KNO	OM N MO	ONTH DAY	YEAR 2b. HOUR
	L SS SE		THE ORPHHAI)	Chris	topher			Tho	rnton	100	OF ES	211-	11/3/	1086
	A C H S A	3. 3	SEX 4.	RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN		IDER 24 HRS.	2c. DATE	MŌN	NTH DAY	YEAR 24 HOUR
	Z ST			D	MONTH DAY	YEAR	LAST BIRTHD		HS DAYS HOUR	5 MIN.	PRONOUNCE	D .	77/ 2/	
	ANDON	19.	M BIRTHPLACE (STATE	В	8 29	66		RS.			9 BALTIMORI	E CITY OR CO		19 86 P M
	HUNERAL DIRECTOR. 5 HOX YOUNDERSTOR. WITHIN 72 HOURS PRESTON STREET,	dies.	FOREIGN COUNTRY)			AT COUR	UKTT		IED NEVER M.	ARRIED 🔼		_		EAIR
	A5.2	В		d.	U.S.A.			WIDOW		ORCED L		more C		MD.
-	2	10.	CITY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NU CILITY, GIVE S	RSING HOME TREET ADDRESS)	, OR OTH	IER INSTITUTION	FOR A	AOST OF WORKING	LIFE	OR	D OF BUSINESS
-	A50 440	9	Baltin	ore	1900 W	. Fay	rette S	St.		Co	1. Lar	ndscap	ing	Gardeni
5	A SP		UAL RESIDENCE (IF	N NURSING HOME OF	OTHER INSTITUTION, GI	E RESIDENCE	OR TOWN	ON)	13d INSIDE CITY LIMIT	rea las erne	EET ADDRESS			
22	AND DE	5	Md.	138 CO0141	The state of the s		lto.		YES X NO	D? I3e. SIK	2119	Jine S	St. 2	1223
9	New North	14	FATHER'S NAME						15. MOTHER'S M.					
2	T- 808	0	Ch and I		MIDDLE	rnto	LAST		PONOT	har	MIDDLI		Llock	LAST
90	20.530	16	Charl . WAS DECEASED E				IAL SECURIT	YNO	Dorot 17. INFORMANT	-11 y	A	DDRESS	TOCK	
N. P.	EZBOS /	1	(YES, NO, OR UNKNOWN	(IF YES, GIVE V	VAR OR DATES)	100.00				m1.			NT TT.	in - 01
1	多维 家	-	no			1			Doroth	ly Tho	rnton	2119		ine St.
3	1	1	18. CAUSE OF D	EATH (Enter anl) H WAS CAUSED	ane cause per line	far (a), (b								PROXIMATE INTERVAL
Z O	4 BOBBS				E CAUSE (a)		Multi	ple	Gunshot 1	Wounds				
315	NA PARTO				DUE TO, OR	AS A CON	ISEQUENCE	OF						
- H	RANGE E			if any, which	(b)									
. ≥	NASE NO		cause (a) sta	ting the under-		AS A CON	ISEQUENCE (OF		4220				
201	THIS CERTIFICATE SHOULD BE EXECUTED WANDED TO THE WORD, "PENDING" IN PENDING THE WANDED TO THE CHIEF MEDICAL EXAMINATED DEPARTMENT OF HEALTH AND MEJIZ 21201 PRIOR TO BURIAL, CREMATION, OH	3113	lying cause	last.	(c)								33	
DS,	A TIC		PART 2 OTHER SIGNI	ICANT CONDITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELA	TEO TO THE TERM	INAL DISEAS	E DE CONDITION GIVEN	IN PART Tion				
DIVISION OF VITAL RECORDS,	SAA	13												
ME.	EA A MEN		19a. DATE OF OI	PERATION	19h. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?		,		20 A	UTOPSY?
₹	SALES SALES	1 3	2											
>	PE SE	-	210 EXTERNAL C	AUSEWAS	21h TIME OF	INTERY		214 H	OW INJURY OCCU	IDDED ASSITEDA	LATURE OF BUILDIN	DISTENDED TO BARY		res 🔀 NO 🗌
ō	AHESEC.	3		X OP	HOUR XX	HINOM	DAY YEAR	3			ANTORE OF INJORT	IN HEM TO PART I	OK PART 2)	
ō	AR HOR	and i	CONTRIBUTING		EATH 2:10 P.M		/3/ 1986		bject sh	ot				V
N V	SED		CONTRIBUTING 21d. INJURY OCC WHILE		STREET EACT				CATION		CITY OR TOWN		COUNTY	STATE
۵	E THIS CI RWARDE RWARDE PAGE 3 STATE D			T WORK	on s	treet		190	0 Blk. W	. Fayet	te St.	, Balto	o. Cit	y, Md.
	ATE, TORW		220 I certify t	hat I taak charae	of the remains desi	ribed abo	ve held an	Auton	sy X, Inspe	ection .	Inquiry	and in a	ny apinian	
	ZOr 5 + ₹		death resulted		al causes ,	Accident		icide	, Hamicide		ermined manne		ry apiman	
	RECORD IN THE CANAL THE CA		dealli resolied	Λ1		Accident	17	icide 🗀	TITLE (SPECIF)		ermined mainte	· L.,		
	WAY WAY		ACTUAL	WOL	Ilato (1)	100	Coll		7			D.	ATE 1	1/4/86
	SHO SHO		SIGNATURE	VU	4-00	me o	700		D ASSIST	MEDI	ICAL EXAMINE	R SI	IGNED	1/4/00
	W C A A C	1	EXAMINER'S NA	ME Mare	garita A.	Kore	11. M.	D.		111 Pe	enn St.			
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	22	BURIAL, CREMATIC						ADDRESS					
		23	Burial, CREMATIC	N, KEMOVAL 23	11-7-86	23c. 1	Arbut		RCREMATORY		Balto.		COUNTY	Md .STATE
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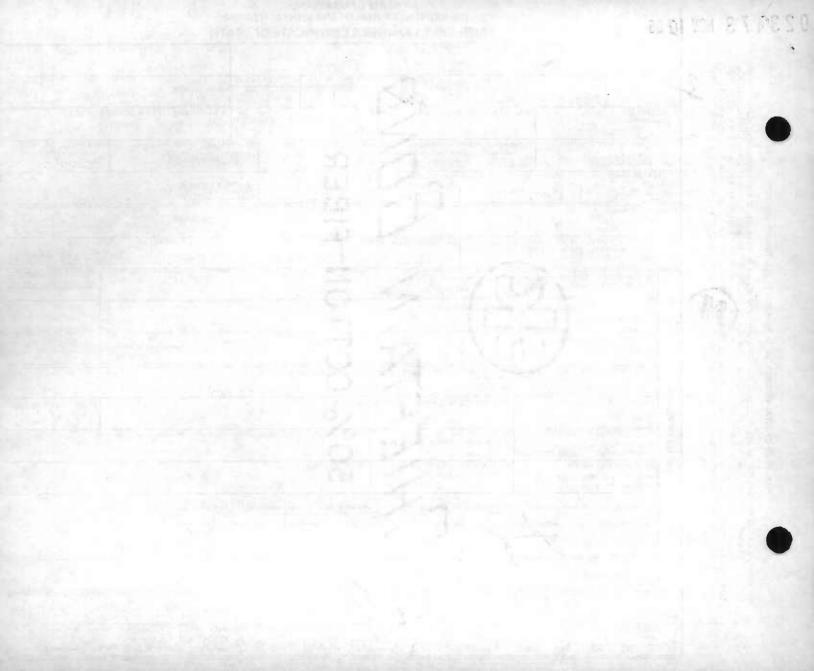
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O MOA 9	TYPE OR PRINT			WIDDLE		LAST	2a D/	TE KNOWNY		AY YEAR	2b. HOL
	(TYPE OR PRINT)	Marv	is		Tho	rnton		OF ESTI-	11-16	1986	
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER		ATE		DAY YEAR	2d. HOUR
-	Male	Black	3 26	33 53	YRS. MONTH	S DAYS HOURS		OUNCED	11-16	1986	6:30 a. M
5	70 BIRTHPLACE FOREIGN COUN Maryla	(STATE OR TRY)	76. CITIZEN OF WH		8. MARRI	ED NEVER MARE	RIED 🔲	LTIMORE CITY	OR COUNTY C	OF DEATH	
2			U.S.A		WIDOW		, Da	ltimore			MD
9	IO CITY OR TO	WN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH S)	ER INSTITUTION	FOR MOST OF	CCUPATION (TY WORKING LIFE)	PE OF WORK 12b.	OR INDUSTR	SINESS
1	Balti			d General		tal	N/A				
1	Mary la	nd 136 COUN		Baltimore Baltimore	6 (13d. INSIDE CITY LIMITS?	13e STREET AL	Barcla	v Stree	et 212	202
	14. FATHER'S N	AME	MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE			
X	Robe	rt	MIDDLE	Thornton		Kate		MIDDLE	Ros	itter	
1	160. WAS DECE	ASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR		17. INFORMANT		ADDRES			
	NO	(IF TES, GIVE	E WAR OR DATES)	N/A		Alvin TI	hornton	1323 H	Omestea	ad STre	et
	18 CAU	SE OF DEATH (Enter or	nly one couse per line	for (o), (b), ond (c).)						APPROXIMATE BETWEEN ONSE	INTERVAL
	PAR	I DEATH WAS CAUSE	D BV	pothermia						BEI WEEN ONSE	AND DEATH
	19	01	CHOOL OF	AS A CONSEQUENC	E OF						
1		ditians, if any, which									
	caus	e (a) stoting the <u>under</u>		AS A CONSEQUENC	E OF						
	lying	couse last.	(c)								
5	PART 2 OT	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL OISEAS	OR CONDITION GIVEN IN P	ART 1 (a),				
_	NO		Br	onchopneur	nonia						
400	196. DAT	OF OPERATION		ION FOR WHICH OP		AS PERFORMED?			2	0. AUTOPSY	
X	THE STATE OF THE S				v					YESXX	NO 🗌
0	0	RNAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YE	AR 21c. HC	OW INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 16	PART 1 OR PART 2)		
133		ING DOR	DEATH ? P.M.	11-16 198		bject expo	sed to	cold			
	466	RY OCCURRED	21e PLACE O	FINJURY (AT HOME,	21f. LO	CATION		OR TOWN	COUNTY		CTATE
2	WHILE AT WOR	NOT WHILE	HO			15 Barclay			e, Mary	land	STATE
-	220.1	certify that I took chor	ge of the remains	ribed obove, held an	Autap	yXX, Inspection	on . Inc	uiry . o	nd in my opinia	ın	749
30)		ural causes	A RETURN	Suicide	Hamicide .	Undetermine				
3			V	/N /		TITLE (SPECIFY)					
	ACTUAL	IRF	/\ /	1	M	Assistant	MEDICAL E	YAMINIED	DATE SIGNED	11-16-	86
7										0.2.00	-
6	EXAMINI (TYPE OR	PRINT) Gree	gory R. Ka	uffman, M.	.D.	ADDRESS	Penn St	., Balto	o., Md.	2120	1
H	23a. BURIAL, CRI	MATION, REMOVAL		23c. NAME OF C			23d. LOCATIO	N	COUNTY	SI	ATE
	(SPBURI		11/20/86	Mount	Zion C	emetery	LAnsd	owne,		Md.	
	24. FUNERAL D		ADDRESS				REC'D. BY REGI		ISTRAR'S SIGN		
(5))	March	Funeral Ho	mes 1101	EAst North	h Aven	ue NO	V 2 () 19	186 Aul	ia Davida	on. Rando	46

	1-	FOR STATE REGISTRAR	D		STATE OF MARY IT OF HEALTH AND ERTIFICATE OF	D MENTAL HY	GIENE 8 6	.	1 8	Artisto
0.05 - ms		CEASED NAME FIRST	MIDDLE		LAST	2.00	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
0 2 \$ 9 \$ 0 DEC	-2	os Virgini			Threlkel	đ	1130/	16		3-111Pm
4 mo		00	4. RACE	5.	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	HS DAYS	HOURS MIN.
one service		male	White		10 16	1918	68	YRS.		341
4 90	C	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT CO	UNTRY? 18.	MARRIED NEVE	R MARRIED	9 BALTIMORE CITY O		DEATH	
		rginia	U.S.A			DIVORCED [Baltimore	City,	11 KIND OF	MD. BUSINESS OR
8 11 2/	125		(IF NOT IN SUCH FACILITY, G	IVE STREET ADD	RESS)		(TYPE OF WORK FOR MOST C	OF WORKING LIFE)	NDUSTRY	
2/	Bá	Itimore	Francis Scot	t Key	Medical	Center	Inspector	· S	teel	Mfgr.
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with with	1	FIRST		LAST		FIRST	MIDDLE		LAST	
E 0 1	-	lter /AS DECEASED EVER IN U.S		Lton IAL SECURIT	Pea. Y NO. 17. INFORM		Eller ADDRI		Gibs	on
and and a	P 17		GIVE WAR OR DATES)					Ess 22 Pat		
	No	SAUSE OF BEATH 5		16.40		nall B.	Goldsmith	Dundal		AATE INTERVAL
		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU		avella	c Arre	ct			1. IC	NSET AND DEATH
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of the state of th		underlying couse last		ON 4 V-	Ar ten	1 1)150	euse, Hyp	estensia		
equires 1 re signed Then pla r to buris injury, or	NOI	PART 2 OTHER SIGNIFICAN ACUR REMA	1 1	ING TO DEA	TH BUT NOT RELAT	ED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN I	N PART 1(o	
At RECO	CERTIFICATION	190 DATE OF OPERATION	15 Cheric	Bown	100.61	P, SPPSI	YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES	
PRYSICIAN, The mending objection is this certificate. The buriel-transit many Memory Memory and Memory Hygies end or hern TB-478.	DATE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MON	NTH DAY	YEAR	INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
Offendin offendin ter this to the but h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME STREET, FACTOR		.ETC) 21f LOCA		CITY OR TO	NWI	COUNTY	STATE
ATTENDIA print or CTOR. At for use of Health		220-1 certify that (1) (this has sow the deceased alive	(10 6 111	19 8	, and that in (m	ny) (our) opinion	death occurred on the d	ote and hour an		hot (I) (we) lost ouses stated
At OR J the hot At DIREC detached one Dept IT, If them		27h signature Lin	ly		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	30
TO HOSPITAL TO FUNERAL Should be de with the Shot		Gary St	emberg		22e ADDR	RESS	Scott Key	Med	Cer	tes
25 4335		URIAL, CREMATION, REMOV			AE OF CEMETERY O		23d LOCATION CITY OR LOWN	G., cc	DUNTX	STATE
BP		Cremation	12/3/1986	Gree	en Mount (-			
DHMH - 16 60M 7/84 (VRA 15, 4)		Walter Brooks	Bradley, Inc.	Balto	o., MD 21	222 DE	C 2 1986	Julia Di	SSIGNAT	Rondock

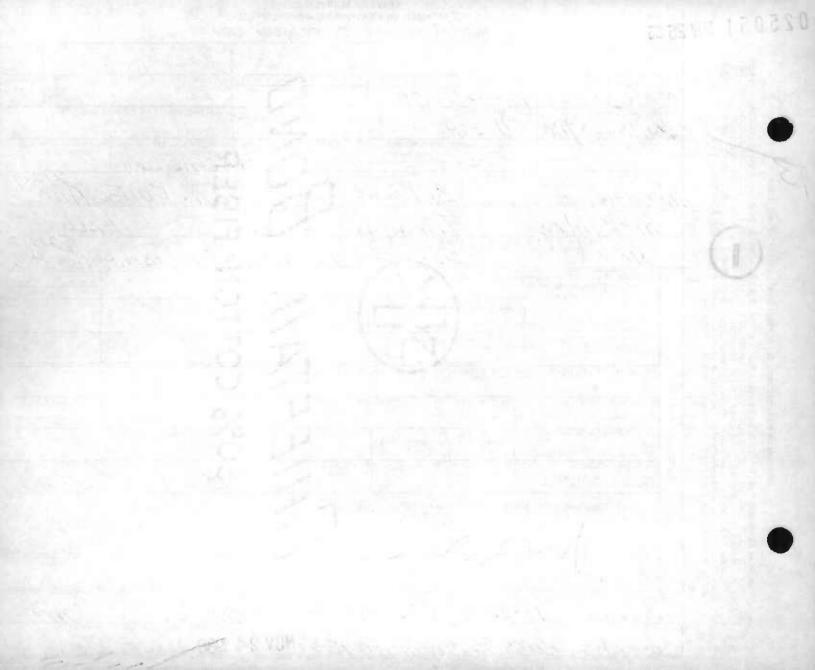


023473 NOV DEPARTMENT OF HEALTH AND MENTAL HY MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) OF ESTIDEATH MATED 11-2-8619 BOYD TIMMONS 4 RACE AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 11-2-86 10 Black. Nov.13.1919 6681 YRS 1:06A Male BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED X FOREIGN COUNTRY Baltimore City So. Carolina USA WIDOWED DIVORCED D CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY B altimore 2013 W. Lanvale Street Custodian Schools ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. Balto. 2013 Lanvale St. Maryland NO [YES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST UNK 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) NO IINK Johnny Myers, PO Box 1, Aberdeen, MD 21001 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cirrhosis IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO Arteriosclerotic cardiovascular disease, seizure disorder 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK STATE 220. I certify that I took charge of the remains described by QNTLY) Autopsy X PAGE 4 SHOULD BE FATER DIRECTORY AFTER DEATH, WITH THE BALTIMORE, MARYLAN X Accident Undetermined manner TITLE (SPECIFY) **ACTUAL** M.D. Assistant MEDICAL EXAMINER SIGNATURE Gregory R. Kauffman, M.D. ADDRESS EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Florence, Florence, So. Carolina Removal/Burial 11/4/86 Mt. Rona Cemetery 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399 Alia Dividion Pondage (VR A15 ME (5))

STATE OF MARYLAND



000				STATE OF MARYLAND	8 5 3
025	5051 NOV	/ h]-	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	45
	O O I MOY	1-2	BEGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			ECEASED NAME FIRST	MIDDLE LAST 70. DATE KNOWN X MONTH	DAY YEAR 26. HOUR
	W ~	(1)	(PE OR PRINT) Marvin	Or ESII-	22/ 1006
	E CE TO	3. SE		1.1/	22/ 1986 M
	STATE	1.00	/-	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d HOUR
	828gg	11	14/6 W/2	12-7-63 22 YRS. DEAD 11/	22/19 86 AM
	NECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	7a. E	BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	TY OF DEATH
	SESE S	6	PREIGN COUNTRY)		
	N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	= 10. C	CITY OR TOWN OF DEATH	WIDOWED DIVORCED Baltimore Cit	
-	A PAGE	X		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
-		2	Baltimore	University Hospital UNemployed	
1	ANY DANY DANY DE RETAIN COULD DE RECORD DE REC		STATE 113b. COUNT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 136. CAY OR TOWN 156 IN 1996 OTT LIMITS 110 STREET ADDRESS	21217
	AND	b	Aruland -	BAllimore VESTE NO D 10/3 N. FULTO	a Ana
	AD. 2. A. 3. F. 2. S.		ATHER'S NAME	IS MOTHER'S MAIDEN NAME	0 1700
	The second second	71	SFIRST MANAGEMENT	MIDDLE TIALE MIDDLE	LAST
	S 88	17.	111 /11/109	A COSTA DE C	Acy
	AL CHARGES	100.	WAS DECEASED EVER IN U.S. ARM YES, NO, ORUNKNOWN) (IF YES, O'VE W	NED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	- 12/2/
	BALTIMORE SATER DE PAGES		NO	215-18-2389 Mrs. Helen Telens 613N.1	4/100 HUE
	20070	4	18 CAUSE OF DEATH (Enter only	y ane couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	W. PRESTON ST., WITHIN 24 HOUR ENCIL IN ITEM 18 MINER ALONG TRANSIT PERMIT NITAL HYGIENE, D OR REMOVAL.		PART I DEATH WAS CAUSED	Cunchat Waynd at Haad	BETWEEN ONSET AND DEATH
	O SECRET	. 10	IMMEDIATI	E CAUSE (o) GUISTIOL WOULD OF HEAD	
	PREST INTHIN 3 ICIL IN INTER AL MANSIT I REMO		Conditions, if ony, which	DOL TO, ON AG A CONSERVED OF	
	A FEBRERS		gave rise to immediate	(b)	
	W CONFINO		cause (a) stating the <u>under-</u> lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
	NAL RECORDS, 201 W. P. VULLO BE EXECUTED WITH V. "PENDING", IN PRO- SEE MEDICAL EXAMIN SED AS A BURL. THE F HEALTH AND MENTA AL, CREMATION OR F		7,300	(c)	
	AAN		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	RECORDS, 2 ID BE EXECU PENDING" II AEDICAL E AS A BURIL AND I, CREMATIO	Z			
	PEN	∃ ⊨	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
	A DOUT NEET NEET NEET NEET NEET NEET NEET NE	CERTIFICATION		THE CONSTRUCTION WHICH OF ENGINEED:	
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	S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART/ 01 PRIOR	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f LOCATION	
		E	WHILE AT WORK AT WORK		CT +17 MA
	F .36 F 0		AT WORK AT WORK		City, Md.
	S C C S L C		22a I certify that I toak charge	e of the remains described above, held an Autopsy 🐰 . Inspection 🗌 , Inquiry 🔲 , and in my or	oinian
	MINE FIGO FITH YAN		death resulted from Natura	ol causes , Accident , Suicide , Hamicide X, Undetermined manner ,	
	AR AR AR		A	TITLE (SPECIFY)	
	A. A.		ACTUAL SIGNATURE	Donuty Chief DATE	11/23/86
	ZHE SELEC	7	Shirth lone	M. D. E. PULLY CITTE MEDICAL EXAMINER SIGNE	D 11/25/00
	W S S S S S S S S S S S S S S S S S S S	10	EXAMINER'S NAME	Ann M. Dixon, M.D. ADDRESS 111 Penn St.	
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE A SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH				
		23 o. 8	SURIAL, CREMATION, REMOVAL 23	B. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY	VIV STATE
07/			AURIA! 1	1-26-06 CEDAR HILL CEM 12A110.	ma
25/	DHMH - 17	24.1	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
	(VR A15 ME (5))		osenh L. VI	USS 2222W, North Ave NOV 24 1986 Julia Juris	
			Sylinia	Sang Den Marin 1100 1 - 2000 Sang	The Kandard



23734 NOV	B-GOR REGISTRAR		DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	HYGIENE	REG. NO.	3 ! (5 5 4
	1. DECEASED NAME	FIRST	MIDDLE	LA	ST .	2e. DATE O		DAY YEAR	26 HOUR P
eg	(TYPE OR PRINT)	PATRICIA	М.	T	INSLEY	NOVE	MBER 6.	1986	5:28 M
may bog	3. SEX	4. RACE		5. DATE O		6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
cror,	Female	l v	Vhite	June	28 1905	- 1	YR		HOURS MIN.
Poggine Poggine	70. BIRTHPLACE (STATE C		N OF WHAT COUNT		NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF DEATH	
1 18 20	PENNA.	11	J.S.A.	WIDOWEL			TIMORE CI	ITY	MD.
	BALTIMORE	TH	E JOHNS HO	PKINS HO	SPITAL	(TYPE OF WOR	OCCUPATION RK FOR MOST OF WORKIN emaker	G LIFE) INDUSTRY	Home
filled in	130. STATE MC	esing e or other inst COUNTY Balto.	13c. CITY OR 1	TOWN	13d. INSIDE CITY LIMIT YES NO 📉		ADDRESS / ZIP CO	Rd. 210	71
erely 32 st	14 FATHER'S NAME	MIDDLE	LAST	6	15. MOTHER'S MAIDE		MIDDLE	Patric	ST.
w 10 10 10 10 10 10 10 10 10 10 10 10 10	/ James	Sturges			Margaret	E.		Patric	K
dice as a contract of the cont	160. WAS DECEASED EVE	R IN U.S. ARMED FOR	ATES]		17. INFORMANT		ADDRESS		
TIMO DE P	No				Thomas (Sarland '	Tinsley	Same	
BAL Cote coperation of the cote	18 CAUSE OF DEA	ATH (Enter only one co WAS CAUSED BY:	use per line far (a), (b	o), and (c).)	-	,		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
ST.		IMMEDIATE CAUSE		nator	y rail	Lune		N.	days
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA ING PHYSICIAN: The low requires that the leath Jertificate be ejecuted within ratherding privision. Wher this certificate has been judged by the animaging fith look of the completely as the burial-transit permit. The papers against containing privile and 2 ship the animaging privile papers. Pages 1 and 2 ship the animaging privile pages of the completely as the burial-transit permit. The papers are contained by an animaging privile pages any injury, an other tranmatic event, the medical readment.		my, which mmediate ting the DUE		EQUENCE OF	NOT RELATED TO THE	TERMINAL DISEAS	SE OR CONDITION	GIVEN IN PART 1	months months
it The low is sicion. Ore has being an in his permit pringine property byggiene property is a shown somy in the sicion property.	190. DATE OF OPER	PATION 19b.	CONDITION FOR WH	HICH OPERATION	WAS PERFORMED	200 AUT		FYES, WERE FIND ERTIFYING CAUSE YES []	
OF VITAL B CCLIN: The privision. errificate ho ial-fransit printal Hygiene mtol Hygiene	OR CONTRIBUTION	CAUSE OF DEATH HC	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY O	CCURRED (ENTERN	ATURE OF INJURY IN ITEM	n 18 PART I OR PART 2)	
IVISION O TG PHYSIC attending for this cert s the burial n and Ment	(IF EITHER, NOTHEY ME 21d INJURY OCCU WHILE NOTHER AT WORK	JRRED 21e. (AT F	PLACE OF INJURY HOME, STREET, FACTORY, OF	FICE, FARM ETC)	211. LOCATION STREET		CITY OR FOWN	COUNTY	STATE
ATTENDING sspiral or attending CCTOR: After of for use os t t, of Health on a 21 is market	sow the dece	(I) (this haspital) atter ased alive an NOV) (did) (did not) view th	when h	om 0+106	d that in (my) (aur) ap		ed on the date and	hour and from the	
by the hor by the hor by the hor by the hor be detached State Department of the beautiful o	224 PHYSICIAN'S	NAME (TYPE OR PRINT)	2	· , /	ATTENDI PHYSICI 22e ADDRESS		STAFF PHYSICIAN	22c. DATI	106 /86
TO HOSPIT TO FUNER should be with the Str	JOAC	APL	IMA .	MD	600 N	1 WOL	FE ST	REET	
5 5 5 8 8 8 4	230. BURIAL, CREMATIO		ATE	23c. NAME OF C	METERY OR CREMAT	ORY 23d LOC		COUNTY	STATE
BP	Burial	11	-11-86	Hollyw		Ric	hmond		Va.
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR		4000	4905	York Rd 25	DATE REC'D. BY	REGISTRAR 25b. RE	GISTRAR'S SIGNA	TURE
(VRA 15, 4)	24 FUNERAL DIRECTOR	Jenkins 8	& Sens Co	Balte	. , Md .	NOV 1 0	1900 Jul	ia Devider	. Kandass

Eurial 111 E Hollywood Ficharon VE.

25597 DEC-	186FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	1 8 5 5
	I. DECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DA	7000
may be page 3 er death	TEKO!	NANDO 71RABASSI 11/24/82	859PM
frer de	3. SEX	MONTH DAY YEAR	UNDER I YEAR IF UNDER 24 HRS
Page 4 m director. havrs afte	Male	Caucasian June 6, 1921 65 YRS.	
fer death. Per within 72 ha	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF COUN	Y MD.
ter ter	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
5	Baltimore	Francis Scott Key Med. Cen. City of Balto	
BALTIMORE, MARYLAND 2120 core be executed within 24 hours ysician and completely filled in the apers. Pages I and 2 should be fit vol. it, the medical examines at the	HOUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JINTY 13e, STREET ADDRESS / ZIP CODE	21224
thin 2 thin 2 sho	14 FATHER'S NAME	Balto. YES NO 225 S. Grund	v St.
MARN mplete ond 2	Pasquale	MIDDLE LAST FIRST MIDDLE	Santis
RE, A	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	21224
be execution and of the Propestal Pr	(YES, NO OR UNKNOWN) (IF YES, C	220-36-1704 Angela Tirabassi, 225 S	Grundy St.
RDS, 201 W. PRESTON ST., BAL equires that the death certificate n signed by the attending physicir Then please remove carbompoper r to burial, cremation, or removal. injury, or other traumatic event, th	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART Ital
TAL RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		WERE FINDINGS USED ING CAUSES OF DEATH?
ON OF VITAL RI IYSICIAN: The le ding physician. is certificate has burial-transit per Mental Hygiene or Item 18 shaws	OR CONTRIBUTION CALIFE OF C	HOUR A.M. MONTH DAY YEAR	RT I OR PART 2)
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or offending physician. After this certificate has been sign e as the burial-transit permit. Then oith and Mental Hygiene prior to b marked or Item 18 shows any injury	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
TENDIN ottal ar o TOR: Aft or use as or use as	22a. I certify that (I) (this has	pital) attended the deceased from 112486, 19, to 48466, 19	2, that (I) (we) last and from the causes stated
by the hosp LERAL DIREC se detoched is State Dept. or	22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED 4 24/86
ro Hospital erained by the TO FuneRal should be det with the Store	22d. PHYSICIAN'S NAME (TYP	RICH C HER 4940 Eastern fine B	ut 2018
BP	230 BURIAL, CREMATION, REMOVA Entombment	11/28/86 Holy Redeemer Baltimore, N	county State
DHMH - 16 60M 7/84	24. FUNERAL DIRECTOR	21224 250. DATE REC'D. BY REGISTRAR 256. REGISTR.	AR'SISIGNATURE
(VRA 15, 4)	Joseph N. Zan	nino, 263 S. Conkling St. DEC 1 1980	and a street

Wild stouth st THE PERSON OF THE STATE OF THE E SENES a Healen 5515

elocation 25 on one 1 the department

123740 NOV	13.8	FOR STATE REGISTRAR		DEPARTMENT OF CERTI	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	
may be . page 3 fer death		EASED NAME HEST	MAX 4. RACE	S. DATE	ON PAKOV OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTH DAY YEAR 28. HOUR 1 - 0 4 - 86 804 M HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
and the contract	200	MALE STHPLACE (STATE OF FOREIGN DUNINY)	7b. CITIZEN OF	WHAT COUNTRY? 8.	-0 1-1898 ED NEVER MARRIED DIVORCED XX	9. BALTIMORE CITY O BALTIMORE	YRS. R COUNTY OF DEATH
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MARYLAND 21201 ed = thin 24 hours e mpletely filled in by and 2 should be life moreover files for	M.	ARYLAND 138 COL		BALTIMORE	YES NO		MEADOW PKWY. 21209
MARYL mplerer	B	MORRIS	MDOJ	TOMPAKOV	15. MOTHER'S MAIDEN NAME FMIRIAM	MIDDLE	UNKNOWN
ALTIMORE,	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	219-07-5228	31 FARMHOU	YLVAN TOMBA SE CT.	BALTO.,MD 21208
PAN PRESTONATORA Debut death certificate de byte agreeding opera- de byte agreeding opera- Descriptions of propositions of the proposition of		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C (b) DUE TO, C (c)	OR AS A CONSEQUENCE OF	heart of		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH /// MCM/A-/C
AL RECORD OF THE LIGHT OF THE L	CERTIFICATION	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO DEATH BU		200 AUTOPSY? YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) NO \(\text{NO} \)
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ITAL OR ATTENDING the hospital on the hospital on the hospital of the form of detached for use state Dept. of Heal		22a.1 certify that (1) (this has sow the deceased alive a obove, (1) (we) (did) (did in 22b. SIGNATURE	not) view the bod	y ofter death.	DEGREE ATTENDING PHYSICIAN PLASS ADDRESS		the and hour and from the causes stated 22c. DATE SIGNED 11/4/86
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THE REPORT OF THE PROPERTY OF 02374010/1355

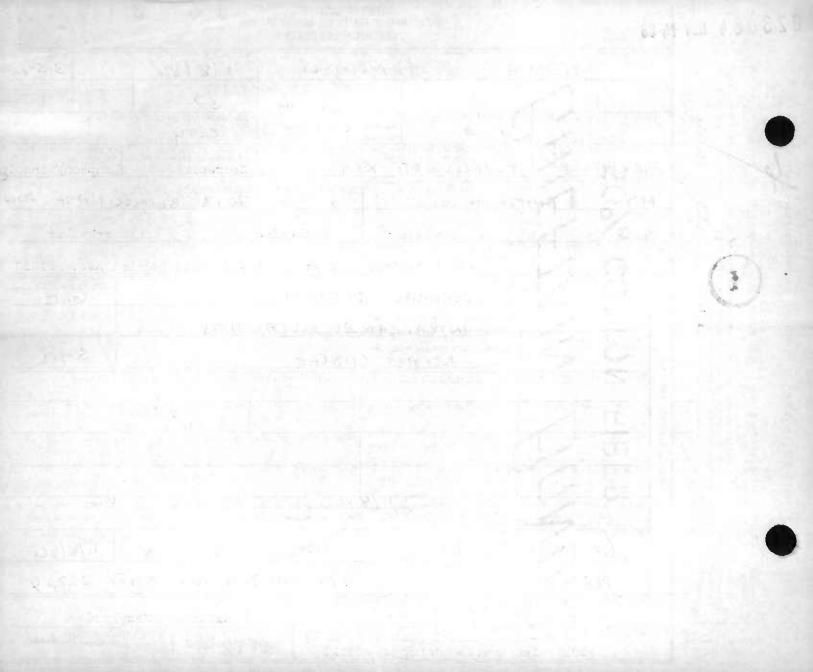
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102 101	USUAL RESIDENCE I PRIMAR 13a. STATE	OTHER INSTITUTION, GIVE RESIDENT 134. CITY C		13e STREET ADDRESS / ZIP (al 1/33				
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2 5 5 5 5 5	PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
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RECORDS. Tow require. To so been signered to be prior to be vs ony injury.	190. DATE OF OPERATI	ON 196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED				
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DIVISION OF VITAL NG PHYSICIAN: The otherding physicion wher this certificate to stree buriol-tronsis p th and Mental Hygier orked or Item 18 stree	21g. ACCIDENT WAS UNDE	RLYING 7 216. TIME OF INJURY	214 HOW INTURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE					
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OR A hoss ched ched bept.	22b. SIGNATURE	40	DEGREE		221. DATE SIGNED				
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TO HOSPITAL efound by the TO FUNERAL should be detrown the Store with the Store	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	22e ADDRESS	J DIRECTOR LI THISICIANE					
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	(SPECIEY)			CITY OR TOWN	1 °°Co sima				
BP	Burial	12/1/86	Cedar Hill Cemetery	Anne Arunde					
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	AL	DRESS	TE REC'D. BY REGISTRAR 25b. RE					
(VRA 15, 4)	March Funeral	Home West 4300 Wabas	h Avenue Ut	C2 1986 A	lia Tine 1				

023621 NOV	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									3 5		
	1. DE	CEASED NAME FIRST		MIDDLE	L	\ST		20. DATE OF D		ONTH DA	AY YEAR	2h HOUR O
may be poge 3	{TYPE	EVely	m	E	TRA	CEY				11 7	1 86	3:41 %
poog poog	3. SE:		4 RACE		5. DATE C	-		6. AGE (IN YEA	RS LAST BIRTHD.	AY) II	IF UNDER 1 YEAR	IF UNDER 24 HRS
oge 4 r	1	F	Li)	нтиом	DAY	16	70		YRS.	ONTHS DAYS	HOURS MIN.
72		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8 MARRIEI	MARRIED A NEVER MARRIED		9 BALTIMOR	_		OF DEATH	
2	2	Maryland	_				OWED DIVORCED		Baltimore City M			
W H	1	Baltimore	(IF NOT IN SU	11. NAME OF HOSPITAL, NURSING HOA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Agnes Hospita			55)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKEY 120. KIND OF BUSINE INDUSTRY			
ND 212	130	STATE 136 CO					CITY LIMITS? 13% STREET AD 2902 N		DORESS / Z	DRESS / ZIP CODE EW YORK AVE		21227
d within a wind a within a wind a within a withi	JA)F	ATHER'S NAME Clarence	MIDDLE	Poist		15. MOTHER'S	FIRST		WIDDLE		J-12-12-1	kells
RE, A		WAS DECEASED EVER IN U.S.				17 INFORMAN			ADDRESS		Orice	104.40
Pogo.	(YES, NO OR UNKNOWN) {IF YES,	GIVE WAR OR DATES)	216-01	1-3892	Charle:	s A. T	racey,	2902 N	Vew Yo	ork Av	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 ING PHYSICIAN: The law requirement of the executed within 24 his rather of physician. The law requirement of the executed within 24 his rather of physician and completely filled os the buriol-transit permit. Then plant the completely filled on the buriol-transit permit. Then plant the ond Mental Hygiene prior to buriol termination of the medical shows any injury, or other troumatic event, the medical shows any injury, or other troumatic event, the medical shows any injury, or other troumatic event, the medical shows any injury.	CERTIFICATION	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Mittal Results of the country one couse per line for (o), (b), ond (c). APPROXIMATE INTERVAL PROVIDED TO CONCLUDE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Mittal Results of the country one couse per line for (o), (b), ond (c). Part 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
The law iction. The hos being permit gene prices shows any		190 DATE OF OPERATION	196 CON	DITION FOR WHI	ICH OPERATIO	N WAS PERFOR	RMED	20a AUTOP	NO	Ob. IF YES, N CERTIFY YES	WERE FINDING CAUSES	NGS USED 5 OF DEATH? NO
OF VITA ICIAN: Ti g physici ertificate iol-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJ	JURY OCCUR	RED (ENTERNATU	RE OF INJURY IN	NITEM 18 PAR	RT I ORPART 2)	
G PHYS offer this c s the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFI	CE FARM, ETC)	211 LOCATIO STREET	УN		CITY OR TOWN		COUNTY	STATE
ATTENDIN spitol or CTOR: Af for use o of Heolif	1	270.1 certify that (1) (this hospital) attended the deceased from Mry 19 198, to Mrs. 199. That (1) (we) lost sow the deceased alive on 1000 1986, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
TO HOSPITAL OR A retained by the hos TO FUNERAL DIRES should be detached with the State Dept.		226. SIGNATURE DEGREE ATTENDING PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 226. ADDRESS 227. DATE SIGNED 227. DATE SIGNED 228. DATE SIGNED										
TO HO TO FI	22- 1	DUDIAL CREATAVIOLES	TY F	C. O.L.	1 11/J	34	33 6	23d. LOCAT	101	مل	(ad)	
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	24 F	Burial UNERAL DIRECTOR	111/11	700	2 THE GL	1229		E REC'D. BY RE				
DHMH - 16 60M 7/84 (VRA 15, 4)	Hu	bbard Funeral	Home, Ir	nc., 410	7 Wilke		1 100	V 1019	186	Latin 1		

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e bo	3 . S	EX	4. RACE		5. DATE O		20.00	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR	IF UNDER 24 HRS
ge 4	/	F	1 u)	MONTH 10	OH.	YEAR 49	37 YRS.	IVINS DATS	MIN.
o 10 10	7a.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.			9 BALTIMORE CITY OR COUNTY C	F DEATH	
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1 2 2 2	7/10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTI	TUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
20 2 20		BALTIMORE	FRAN	icus scot	TK	ey				n/Lincoln
MARYLAND 21201	US 130	JAL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE BEFORE		13d. INSIDE CI	Y HMITS?	13e STREET ADDRESS / ZIP CODE		
NN 24	2		9 UTIM on		1		NO X	7613 BELLY	NTA	Vt 2124
A 1	19711	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S		AE .		
MAR P	20	Frank	L	Nevill	e		nst herine	MIDDLE E Han	nmerbac	ker
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# ± 300 E		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY: IATE CAUSE (a)			A S (3)	10			UTS
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PRESTON ST he death cerr he others and emove carbo matten, a terr			DUE TO, O	INTRA-	ENCE OF	02 4	ITA	DASI		
RES e de move trou		Canditians, if any, which gave rise to immediate	(b)_	INTICHE	- ICATIV	410 10	10173	5171313	-	
W. PRE		cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQU		MAICI			3	413
201 ses tho	- 10		((c)	BREA		ANCE				113
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DIVISION OF VITAL RECORDS, NG PHYSICIAN; The Ibw requir offending physicion, fifer his certificate has been signs, the buriol-transit permit. There th and Mental Hygiene prior to be orked or fleep, 8 shows ony injur	CERTIFICATION	A DATE OF OREN TION	Tin cour		0000.710.			The surrous Rouse was	WEDE FORE	
REC.	2	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFOR	MED		WERE FINDING	
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Do or		22a.1 certify that (1) (this ho	spital) ottended th	e deceased from_	11/8	186	, 19		16,11	hat (I) (we) last
TTEN Dital		saw the deceased alive abave, (I) (we) (did) (did	an 1/1	19 }	5 6 , and	that in (my) +	our) pinian d	death accurred an the date and haur		
OR A DIRECTOR OF THE HEM THE HEM		22b. SiGNATURE	non-view the boday	after death.	D	EGREE			22c. DATE S	IGNED
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DHMH - 16 60M 7/8	14	FUNERAL DIRECTOR Dud	a-Ruck Fu	ineral Ho	me Of	undal		REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATU	andall
(VRA 15, 4)		7922 V	Vise Ave.	Dundalk	, MD	21222	NO	V12 1980 Julia d		



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00-	22978	T. DE	REGISTRAR CEASED NAME	FIRST	MI	MIDDLE	EXAMIN	NER'S C	ERTIFIC	CATEC)F DEA		REG. NO.		
	₩ a. a Ø ∟	(TY	PE OR PRINT)	WILI	T 7\M -		m DC	CITI	DASI		170	OF ES	MN & MONT		26 HOUR
	PEEFE PEEFE	3. SE	х	4. RACE	5. DATE OF BIRTH	ACOB	TRO	JST EARS IF UN	IDER 1 YR.	IF UNDER	24 HRS	2c. DATE	MONTH	3-8619 DAY YEAR	2d HOUR
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W PRESTON STREET,	Ma	ale	White	June 24	1916	LAST BIRTHO	RS.		HOURS	MIN	PRONOUNCED	11-	3-86	11AM
	SSAL SAL	70. B	IRTHPLACE (ST	ATE OR	76. CITIZEN OF V			To	ED NE	150,,,,,,			CITY OR COU	NTY OF DEATH	
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		10. C	ITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NUI	RSING HOM	E, OR OTH	ER INSTITU	TION		JAL OCCUPATION	ON (TYPE OF WORL	OR INDUS	
TH	A STATE OF THE STA		Baltimo		920 St	. Paul	Stres	et				ne Oper		OKINDOS	IKI
2	2, AND 31 3. RETAIN 2. SHOUND AL RECORD	13a. S	at residence (state aryland	IF IN NURSING HOME	OR OTHER INSTITUTION, (13c. CITY	or town		13d. INSIDE CI	ITY LIMITS?		EET ADDRESS	Paul St	21202	
Ğ.	12.55.32.		ATHER'S NAME						15. MOTHE						
	\$ 5 2 X		Willian	1]	Horace	Tros	t ast		4.0	erst erv		G.		Unknown	
WI	STATE OF THE PARTY	16a. \	WAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURIT	Y NO.	17. INFORM				DDRESS		10 TO 10
IAU	AP PAGE	Ye			WW II		05-138	84	Mrs.	Virg	inia	Trost	Same as	#13e	
1	ACT C		18 CAUSE OF	ATH WAS CALLED	nly ane couse per lin									APPROXIMA BETWEEN ONS	TE INTERVAL
No	ENTERING BY		1	IMMEDIA	TE CAUSE (a)		t WOUR		head						
RES	ENG PROPERTY			s, if any, which		K AS A CON	SEQUENCE	Or							
*	NIA NIA		couse (a)	e to immediate stoting the <u>under</u> -		R AS A CON	SEQUENCE	OF							
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*DS	SHOULD BE EXECUTED SRD "PENDING" IN BE CHIEF MEDICAL EXALE USED SA A BURILAL OF HEALTH AND MEDICAL CREMATION	_	PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	AINAL OISEASE	OR CONDITION	GIVEN IN PA	RT 1 iai				
DIVISION OF VITAL RECORDS	ARD ARD CRE	CERTIFICATION	19a. DATE OF	OBERATION	Ties and										
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0 N	RIME STAN		UNDERLYING	OR IG ☐ CAUSE OF	HOUR A./		DAY YEAR	R	f/inf			VALUE OF BYJORT JI	ALIEM IS PART LOK	raki 2]	
/ISIO	ED TO	MEDICAL	21d. INJURY O	CCURRED	21e PLACE	OF INJURY	(AT HOME,	21f. LOC	ATION						
6	R. THIS CERTIFICATE SHATE, WRITING THE WORN SRWARDED TO THE CHATE PARTIE PER PARTIE DEPARTMENT OD. 21201 PRIOR TO BUR	*	AT WORK	NOT WHILE AT WORK	o base	ement.	C.)	920	St.	Paul	Str	EEE PR TOWN	Baltin	ore, Mai	ryländ
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	TO MEDICAL EXAMINER. EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR THE FORTON PAFER DESCROOM PAFER DEATH WITH THE BALTIMORE, MARYLAND		EXAMINER'S N (TYPE OR PRIN	1/	Gregory R.	Kauf	fman,	M.D.	ADDRESS_	111 F	enn	Street			
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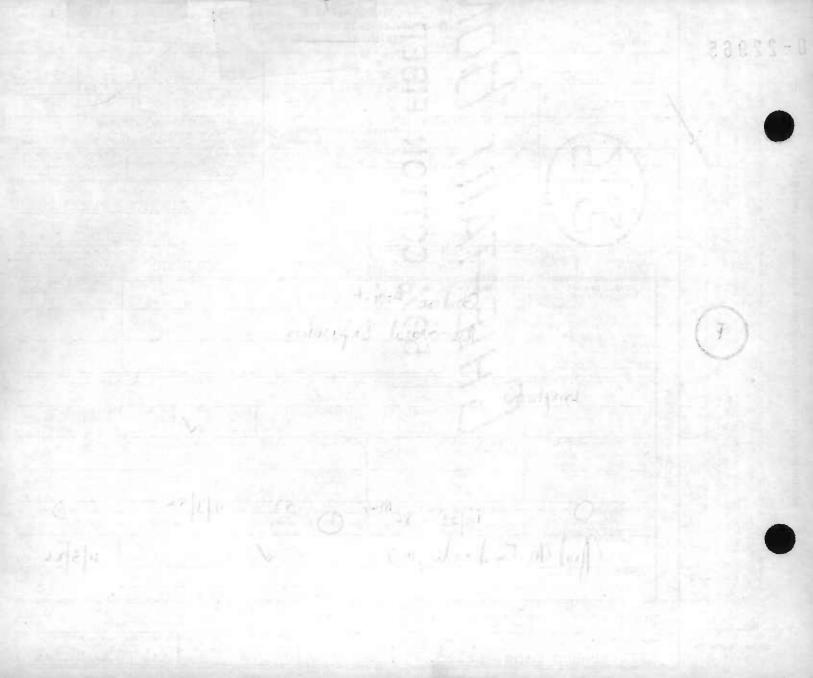
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a oner o		Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Good Samarita	T ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIF	
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۵	NO	DR: After the ruse as the Health and			22a certify that Na (this hosp	ital) attended the deceased	from 11	- 8 10 82°	10 11-10	1086	, that the (we) last
	TEN	for us of He			saw the deceased alive an	11-10	87	nd that in (my) (aur) opinian	deoth accurred an the date an		
	A AT	ed f			22b. SIGNATURE	at) view the bady after death.		DEGREE		22c DAT	TE SIGNED
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STATE OF MARYLAND



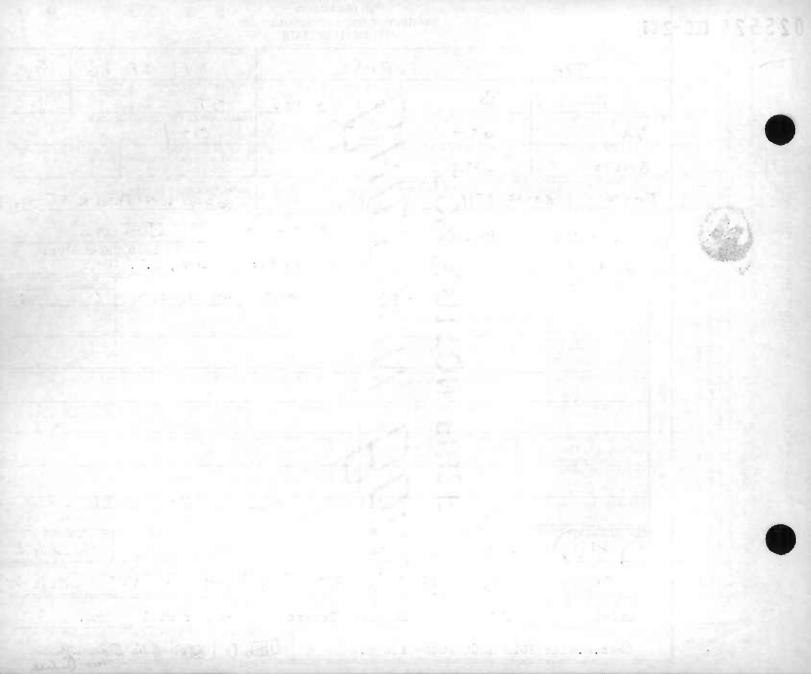
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E G E	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS
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2 5 5 7	USUAL RESIDENCE HE NURSING NOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	/	I .D.R.R.
ND 24 h	Maryland 136.000	A TO Baltin		13e STREET ADDRESS 7732 Eastdale Ro	ad 21224
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BALTIMORE, MARYLAND 2.	160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SEG	CURITY NO. 17. INFORMANT	ADDRESS	
TIW LINE	No	200-03-	1388 Mrs. Ida Tu	rk - 7732 Eastdale	
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SICIAN: TH ng physicic certificate riral-transit entol Hygis ttem 18 skg	OR CONTRIBUTION CHIEF OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T I OR PART 2)
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o he he	R Ziejel	tota	DEGREE M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2/86
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	F AN DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SPOUND BE FILED, WITHIN 72 HOURS LHCORDS, 201 W, PRESTON STREET,	130 5	TATE 131	COUNTY	1721	YORTOWN	13d. INSIDE	CITY LIMITS?	3e STREET AD	DOESS	110.	n ave	7 . 2 . 5
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	4 mb)	2	3. SE	F	1. RACE B	MONT	OF BIRTH H DAY YEAR 1 20 2 F	6. AGE (IN YEARS LAST BIR	YRS.	DAYS 1	FUNDER 24 HRS
	sort in 72 h	15	(VA.	76. CITIZEN OF WHAT COL	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY C	COUNTY	OF DEATH	MD.
201	VIII	8		BALN	11. NAME OF HOSPITAL, I	VE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND OF E	BUSINESS OR
LAND 21:	no 24 hours of population of p	5	13a. S	, ,		CE BEFORE ADMISSION) DR TOWN	13d INSIDE CITY LIMITS?		ZIP CODE	Five K	ST 21217
MARY		800)	TIMMIE	MIDDLE HOLME	AST C	15 MOTHER'S MAIDEN NA		JUR	DAN	
BALTIMORE, MARYLAND 2120	1	1		VAS DECEASED EVER IN U.S. A	THE WAR OR DATES	36-5449	Milton Holme		N.Y.	Burke A	ve.
ST., BAL	a physici on paper emoval; event, th			IB CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA			CARCINOMA	METAN	ADC	APPROXIMA BETWEEN ON	SET AND DEATH
DS, 201 W. PRESTON	quires that the death or signed by the attending the phrase remove control burnot, cerealities, ac- riory, or other traumark		NC	Canditians, if any, which gave rise to immediate cause (0), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	NSEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVER	IN PART Ita	
DIVISION OF VITAL RECORDS,	he law re ion. has been t permit. I iene prior	2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	206. IF YES, YIN CERTIFY!	WERE FINDING NG CAUSES O	S USED F DEATH?
N OF VITA	SICIAN: 11 ng physicis certificate niol-transit ental Hygu	9		2)6. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2}	
IVISIO	DING PHY or attending After this e as the bu aith and M		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	ATTENI ospital ECTOR: d for us d for us m 21 is			22a.1 certify that (1) (this hasp saw the deceased alive p abave, (1) (we) (did) (did n	4. / 5 0		nd that in (my) (ear) apinian	death accurred on the do	ate and haur o	ind from the co	
	by the by the ERAL D e detoce detocation Stote D			M J W	MAD-	1	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		22c. DATE SIG	8/SE
	etained by TO FUNER should be d with the Sta	1		MITHAGE	DURM	E	22 5-6	REGRE S	TRACE	T BI	ACTU MM
	BP		(URIAL, CREMATION, REMOVA SPECIFY) Burial	12/2/86		son Forest	Owings N	Mill .	Md.	STATE
	DHMH - 16 60M 7/ (VRA 15, 4)	84	24 FU	Chas.A.Rice	FSPA 1300 Eut	aw Place	. 250 DAT	E REC'D. BY REGISTRAR 00 11986			- lace



O HOSPITAL

BP.

023923

TYPE OR PRINT

Male 70. BIRTHPLACE (STATE OR FOREIGN

Md. 4 FATHER'S NAME FIRST

Virginia IN CITY OF TOWN OF DEATH

Baltimore

Thomas

(YES, NO OR UNKNOWN)

Yes

USUAL RESIDENCE (IF NURSING HOME OR OTHER INST

160 WAS DECEASED EVER IN U.S. ARMED FOR

CAUSE OF DEATH (Enter only one cos PART I. DEATH WAS CAUSED BY:

3. SEX

Thomas

4. RACE

7h CITIZE

11. NAN (IF NO

MIDDLE

HEYES, GIVE WAR OR D

W.W

IMMEDIATE CAUSE

obove, (1) (we) (did) (did not) view the body ofter death

Turne:

DUE

DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE REG. NO.	3	3 6 /
WIDDIE	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Turner	Jr.	11/5/86		M
3 lack 5 DATE C	7 / 2 3 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 63	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
USA WIDOWE		Butto City or Coun	TY OF DEATH	MD.
E OF HOSPITAL, NURSING HOME OF THE SUCH FACILITY, GIVE STREET ADDRESS) Whitelock St.	(Home)	(TYPE OF WORK FOR MOST OF WORKING Retired	LIFE) INDUSTRY	F BUSINESS OR
Isc CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP COI 609 Whitelock		217
r Sr.	15. MOTHER'S MAIDEN NAI	ME MIDDLE W ATSOL	N LAS	
228-14-2516	17. INFORMANT Tda Turner	ADDRESS 609 Whitelock S	t. 2121	7
ise per line for to 1, (b), and ic	ye du	balance;	APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
TO, OR AS A CONSEQUENCE OF	RE RENA	L A2000	ins	
TO, OR AS A CONSEQUENCE OF	780			

Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE underlying couse lost.

210 ACCIDENT WAS UNDERLYING

216. TIME OF INJURY HOUR A.M.

YEAR 198

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

YES T

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

19a DATE OF OPERATION

MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

NOT WHILE 22a. L certify that (1) (this hospital) attended the deceased from

609 - WHIRE GOR ST.

NO T

22b. SIGNATURE

sow the deceased alive on_

DEGREE

ATTENDING PHYSICIAN

MEDICAL

STAFF PHYSICIAN 22c. DATE SIGNED

226 PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

3a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23

b. DATE 11/10/86 23c NAME OF CEMETERY OR CREMATORY Garrison Forest

23d LOCATION CITY OR TOWN Garrison

, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

Md.

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

morked or Hem 18 shaws

*

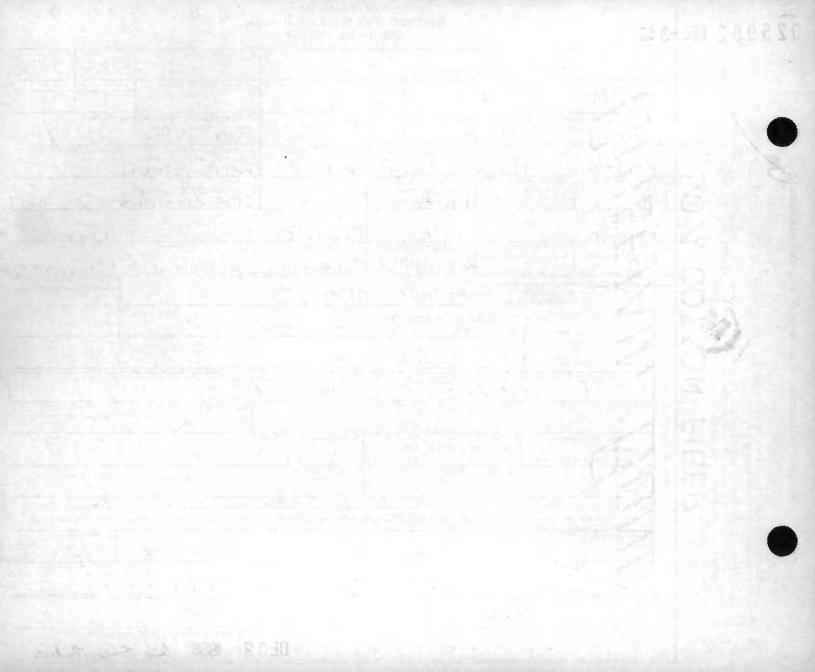
IMPORTANT.

24 FUNERAL DIRECTOR Chas. A. Rice FSPA 1300 Eutaw Place 250 DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE

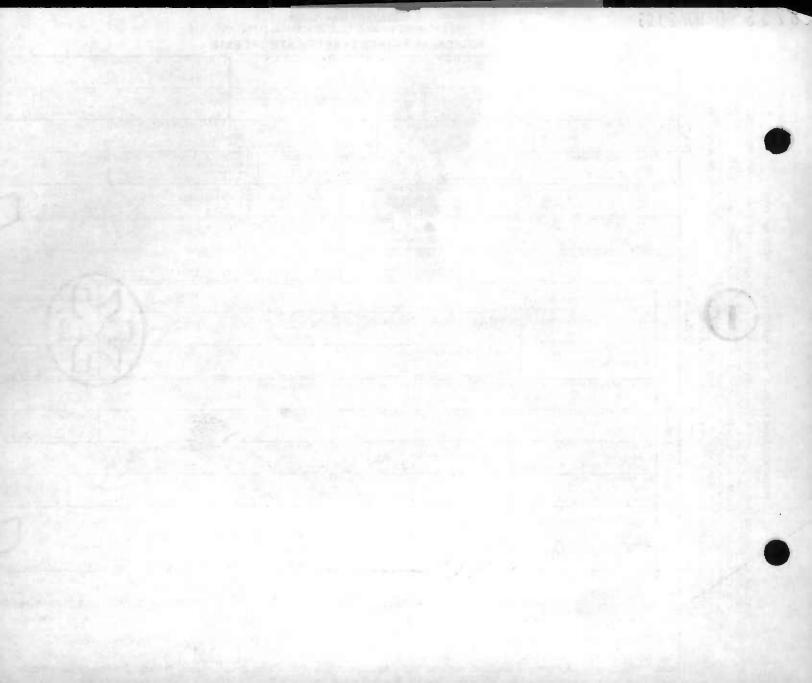
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	1	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 6 3	1 3 6 8
00103.		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
024671 NOV 2	1,88	CEASED NAME FIRST	a beth.	Twist	2a. DATE OF DEATH MONTH	6-SI 11 AM
. 4 may be tor, page 3 after death	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
rec	1	D71101 4 05	• 0	6-15-1898	88 YRS.	
Property Park Park Park Park Park Park Park Park	/a B	BALTO. MD.	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
ofter d s ofter d by the fu	10 C	Bach more	(IF NOT IN SUCH FACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION JUST ADDRESS) A RUCK N A RUCK H. H	(TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS OR DUSTRY
MARYLAND 2120 ed within 24 hours ond 2 strongle of illed in b ond 2 strongle of illed and strongle of illed in b ond 2 strongle of illed in b ond 3 strongle of i	USU 130	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	13. STREET ADDRESS / ZIP CODE	11157.14 121
ARYLAI I within I pletely f	13. F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	LAST
MORE, M e executed n and com Pages 1 or			RMED FORCES? 16b. SOCIAL SE VE WAR OR DATES	CURITY NO. 17 INFORMANT FAMILY	LY RECORD.	4
TIM be		NO	010 C	1 097/	LI PELUPU.	
ST., B sphysical on poper emoval.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b). ED BY: TE CAUSE (a)	io-respirate	m arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oth ce corb.			DUE TO, OR AS A CONSE	QUENCE OF	1	
W. PRES		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	D . 3 . C . 4	<u></u>	
201 W		underlying couse last.	(c)			
RDS, 2 Etherigan Therity mlwry,	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	'EN IN PART Ito'
At RECORDS The low requirement the permit There were print to the desire	CERTIFICATI	19a. DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
DIVISION OF VITAL PAGE PHYSIC(AN). The attention physician After this certificate to as the desirol-trongen th and Mental Hygie arked or here 18 like	1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM TS F	PART 1 OR PART 2)
/ISION of PHYSII	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OR TOWN	COUNTY STATE
ND N			ital) attended the deceased fra		3.10-11-16	19 6 , that (II (we) last
ATTE COPPS A 21	1	sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	the body after death.	DEGREE	death occurred on the date and hou	
At OR At Dis At Dis Setuting one Dep	-	H.10	Imadoss	M & ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11 16 86
HOSPIT TO FUNE Sould be Sevid be SPORTAN		22d. PHYSICIAN'S NAME (TYPE	or printi	S Ali Ce	Manor M	Junsing Kome
2	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY WIST HILLY PUDUS	23d LOCATION CITY OF TOWN	Py min.
DHMH - 16 50M 4/83	24 5	UNERAL DIRECTOR	1001 10/1/00	25a DA	TE REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
(VRA 15, 4)	E	VANT CHAPEC	- OF MEMOI	UES, PAPEVILLEN	OV 2 0 1986 / 1/2	Tandson Rondale

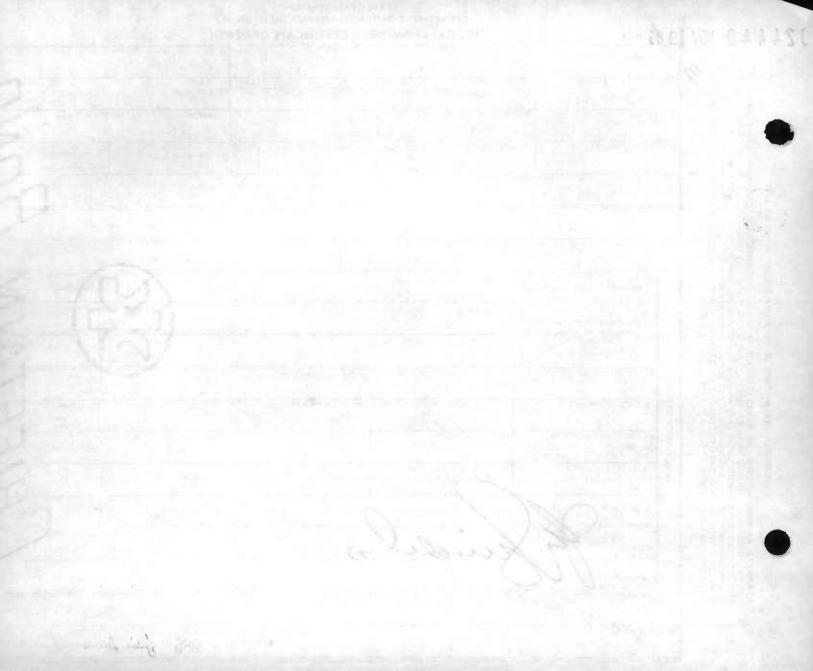
+					STATE OF MARYLAND	8 6	5 6 0 7
0259921	DEC	_b-	FOR DSTATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	SIENE	
0200021	JE G	J	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be , page 3 ter death	- 31	files	OR PRINT) JAC	K (RANDOLPH	TYLER		28 86 12 35pm
pad a		3 SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
Page 4 r. dicector.			M	BLACK	MONTH DAY 38	47 YRS	
4 16 54 6	95		RTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTR	Y? 8. MARRIED P NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
the function within 72 k	25		Va.	USA	WIDOWED DIVORCED	BALTIMORE	= C174 MD.
24 3	2/	10 C	TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
by the fulled with			Balto.	TIP NOT IN SUCH FACILITY, GIVE STRI	COTT Tell	CITYPE OF WORK FOR MOST OF WORKING	
9 59	5		AL RESIDENCE (IF NURSING HOME OR		ORE ADMISSION)		
0 D %	Land	130. 5	TATE 136 COUN	DIL	VEC DE NOTE	136 STREET ADDRESS / ZIP CO) [
Within 24 within 24 letely filled 2 should		14.57	THER'S NAME	Balto	YES NO 15. MOTHER'S MAIDEN NA	12125 MCCO	10N 24. 3121
Willes	a party	14.17		MIDDLE	FIRST "	WIDDLE	LAST
mak wed w		-	rank	lyle	V Beatrice		Wynn
MORE, e execu		16a. V	VAS DECEASED EVER IN U.S. AR/	E WAR OR DATES!	CURITY NO. 17. INFORMANT	ADDRESS	
MORE exec	1	9	30	R23-52	-4406 Jacqueline	Tyler Williams	807 Beaumont A
ALT fe b icio			18 CAUSE OF DEATH (Enter an	ly one cause per line for (a) (b)	and (c))	112. (2.1) (3.1)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
B CONTRACTOR			PART I. DEATH WAS CAUSED	BY: APDI	AC ARREST		BETWEEN ONSET AND DEATH
IS I	3		IMMEDIAT	E CAUSE (a)	V - TRICEDOT		
O #				DUE TO, OR AS A CONSEC	PHENCE OF TO 10 UN	PECT	
ES & CONTRACTOR			Canditions, if any, which	(16) RES	JOSH ORT HE	REST	
E 1/10	0		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	NIENICE OF		
N 5 600			underlying cause last.	PNE	DUONIA		
201		1	DART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINIAL DISCASS OR CONDITION A	CONTACT OF CONTACT
pos, sign hen to b		Z	HIA	MINAPNAI	IN FARCTIC	MINAL DISEASE OR CONDITION	SIVEN IN PART ITO
been rec		CERTIFICATION	IN- DATE OF OPERATION	THE CONDITION FOR WILL	- //OT //-C//O	Too surronsva Ion is	WES WEST STATEMENT OF THE
No low	1	2	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
TALRE lo icion.	6	TE				YES NOD	YES NO
AN: The		S	21a. ACCIDENT WAS UNDERLYING	110.00 4.11 110.00	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
ON OF VII HYSICIAN: ding physis ding physis is certificat burial-tran Mental Hy		AL	OR CONTRIBUTING CAUSE OF DEA	111	19		
HYSIC nding his cer bus cer bus cer bus cer bus different differen		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
VISIOI Trendi The bu		ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	E. FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
ATTENDING P Sopital or offer the CTOR: Affer the d for use as the d for use as the					11 /1 /1	11/2	
			22a certify that (I) (this hospit	11 / 1000 67	me!	, to 21/2-8	, 19
OR ATTEN hospital DIRECTOR			saw the deceased olive on abave, (1) (we) (aid) did not	1 0 9	, and that in (my) (our) opinian	death accurred an the date and h	iaur and fram the couses stated
OR A DIREC			22b-SIGNATURE	N MI	DEGREE		224. DATE SIGNED
the Dod			Mustano	Haite	MD ATTENDING PHYSICIAN I	MEDICAL STAFF	11/78/86
by by ERA e de			22d. PHYSICIAN'S NAME LTYPE OF	PRINTI	PHYSICIAN [DIRECTOR PHYSICIAN	16110 70
HOSPIT ined by FUNER buld be o			OUDICTAL	- a llap	TTED FORNICES	- VIII AIC	1940 FH SIEK
TO HOSPITAL (retained by the TO FUNERAL I should be deter with the Store II			CHRISI/IVI	2 C. ITAR	IEN PRINCISS	XEY MCB,	44,MO 21229
F 6 F 2 3 7		23a. E	URIAL, CREMATION, REMOVAL	23b DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		Ŧ	SURIAL	12.4 86 C	HAPMAN & PRETLOW	SMITHFIELD	COUNTY
			INERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 256 REG	
DHMH - 16 60M 7 (VRA 15, 4)	/84	76	NAME DOLL TIMEDAT	ADDRESS	. NORTH AVE. DE	C 2 1986 Auto	Nicodon Por laca.
(VKA 15, 4)		IVI /	RCH FUNERAL	DOME LIOI B	. NUNTE AVE. IUL	مالسال الحالات ال	didden Var data.



025350) NOA	29	STATE			DEPART			AARYLAND I AND MENTAL	HYGIENE	6	3	1 8 /	J
			REGISTRAR		M	EDICAL	EXAMI	NER'S	CERTIFICATE	OF DEAT	H REG	. NO.		
			EASED NAME	FIRST	RAYMON	D MIDDLE	CYLER)	LUCAS) 20	DATE KNOWN	MONTH	DAY YEAR	26 HOUR
S & S &	2 H	(111		Raymor	,			Ty.		1000	OF ESTI-	D 11/	23/ 1986	AA
A STEED	REE	3 SEX		E	5. DATE OF BIRT		6. AGE (IN)	TEARS IF UN	DER TYR. IF UND	ER 24 HRS. 20		MONTH	DAY YEAR	24 HOUR.
SUR SUR 72 H	S Z	M	200	В	MONTH DAY	67	LAST BIRTH	YRS.	HS DAYS HOURS	MIN. PR	DEAD	11/	23/19 86	A M
- SES	SS	7a BI	RTHPLACE (STATE OR		76. CITIZEN OF	WHAT COU	/ /	1	IED NEVER MAI	RRIED T	BALTIMORE CIT	Y OR COUN		
1 IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. IFFO WITHIN 72 HOURS.	A. V	100	REIGN COUNTRY)		USA			WIDOV		-20-	Baltimo	re Cit	Υ,	MD.
18 H H H H		10. CI	TY OR TOWN OF DEA	ТН	11. NAME OF HO	SPITAL, NO	JRSING HON	AE, OR OTH	ER INSTITUTION	12a. USUA	LOCCUPATION ST OF WORKING LIFE)	(TYPE OF WORK	12b. KIND OF BU OR INDUSTI	SINESS
ANY DELAY IS N AND 3 TO THE FU RETAIN PAGE 5	N N	160	Baltimore	2	1200 B		Sarat		St.	UNI	EMPL.		0.00000	
AN A	807	USUA 130 S	L RESIDENCE (IF IN NU	RSING HOME O			E BEFORE ADMIS	SION)	13d INSIDE CITY LIMITS	13e. STREE	TADDESS	25.00	212	02
ANY ANY ANY ANY AND 3		130 5	MD	138 COOI4	-		ALTO.		YES NO			ST.	APT. 1	i
AD. 2.		14. FA	THER'S NAME						15. MOTHER'S MA					
SS TEA		317	RAYMON	D	MIDDLE		TYER		DOROTE	7.5	MIDDLE	135	LAST	
NO WAS	7	16a. V	AS DECEASED EVER	IN U.S. ARA	MED FORCES?	16b. SC	CIAL SECUR	ITY NO.	17. INFORMANT	1	ADDR	ESS	WASHING	TON —
201 W. PRESTON ST., BALTIMORE, MD. UTB. WITH N. 24 HO. HS. AFTER DEATH. IF IN HALL INTERNITE GIVE PAĞES 1, 2, EXAMERICAN PRAÇES 1, 20, PAĞES 1, 20,	SION		S, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212	78967	0	DORTHY	LUCAS	008 77	LLEY	ST. AP	m 11
SOF	2		18 CAUSE OF DEAT	H (Enter onl	v one couse per li				DOMINI	HOUND	900 VF		APPROXIMATE	EINTERVAL
S (0.00			PART I DEATH W	AS CAUSED	BY:			nshot	Wound of	Neck			BETWEEN ONSE	I AND DEATH
NO 12 B				IMMEDIAT	E CAUSE (a)	OR AS A CO	NSEQUENCE		Modrid of	110011				
S Z Z	NE W		Conditions, if o	ny, which										
Y NAME	ORA		gove rise to couse (o) stating		(b)	D AS A CO	NSEQUENCE	0.5						
A DESS	137		lying couse lost.		00210,0	/ A3 A CO	143EQUE14CE	OF					O BP 6	
S. 2	925		PART 2 OTNER SIGNIFICAN	T CHARITIONS	(c)	N BUT MET BEI	ATER TO THE TEE	Bleinian Biccar	C OR CRAIRITINAL CRICK IN					
RECORDS, LD BE EXECT PENDING! MEDICAL	THE STATE DEPARTMENT OF HEALTH AND AND, 21201 PRIOR TO BURIAL, CREMATION	Z	TANK E VINER SIGNIFICAN	Compilitions	CDMINIBOTING TO BEN	M BOT HOT KEE	ATED ID INC IEI	MINAL DISEAS	C OK CUMUIIIUM GIVEN IN	PARI I IO.				
RE GRAN	450	MEDICAL CERTIFICATION	19a. DATE OF OPERA	TION	I 19h. CONI	DITION FOR	WHICH OPE	RATION W	'AS PERFORMED?				20 AUTOPSY	2
SHOUN ORD "CHIEF	PAN I	FIC											1 7 CD V.W	
F VITA WORD	Z B	ERTI	21g. EXTERNAL CAU	SEWAS	21b. TIME	OF INJURY		21c H	OW INJURY OCCUR	RED LENTER NA	TURE OF INJURY IN ITE	M 18 PART LORG	YES X	NO 🗌
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROBE TO THE CHIE PASS SHOULD BE USE	3×2×	N C	UNDERLYING &	OR	HOUR A	M. MONTH	DAY YE	AR			TONE OF BOOK IN THE	N TO FART TOKE	nn (2)	
SION SION SION SION SION SION SINCE	A A S	Sic	CONTRIBUTING 214 INJURY OCCUR				/23/19 Y (ATHOME	86 SU	bject sho	t				
DIVISIC HIS CERTIFING WRITING ARDED TA	E DE	ME	WHILE NOT	WHILE	STREET E	CTORY, FARM,	ETC.)		STREET		CITY OR TOWN	С	OUNTY	STATE
THIS WAR	TAT 212		AT WORK AT W	ORK A		n str	eet-	12	00 Blk. W	. Sarat	toga St.	, Balt	o. City.	Md.
EXAMINER: CERTIFICATE JUD BE FORN	E S		22a. I certify that	toak charg	e of the remains d	escribed ob	ave, held on	Autop	sy X. Inspec	tion .	Inquiry .	and in my o	pinion	
MIN SEE FOR	E S		deoth resulted fram	Notur	al causes .	Accident	☐, s	vicide	, Homicide X	· Undeter	mined monner].		
Z H D H	WIL			A	0	~			TITLE (SPECIFY)					
N H H H	三二		SIGNATURE	101	~	N		N	Deputy C	hiefaEDIC	AL EXAMINER	DATE	ED 11/23/	86
MEDICAL COTE THE PHINEPAL	A PEA		EXAMINER'S NAME	1		~								
TO MEDI EXECUTE PAGE 4	AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	restrib.	(TYPE OR PRINT)		Ann M. D	ixon,	M.D.		ADDRESS1	11 Penr	n St.			
5225	BAB	23a.B	JRIAL, CREMATION, R						RCREMATORY	23d LOC		CO	UNTY ST	TATE
07/84 BP			ÜRIAL		11-28-8	6	EASTV	IEW		BAL			MD	
25M DHMH	- 17	24 FI	NERAL DIRECTOR		ADDRE	SS			250. DA1	E REC'D. BY R	EGISTRAR 256 R	EGISTRAR'S	SIGNATURE	
(VR A15 A	ME (5))	M	ARCH F/H	11	01 E. I		AVE.		110	V261	1900 Pm	ica	Donates of the same	ref-tel



		1	FOR			EDADTI	STAT MENT OF H		ARYLAN		VCIENES	6	-3	1 3	7	
121	LA O NOV	1-	STATE				EXAMINE							, ,	4	
0 4 4	4 4 9 NOV	10	CEASED NAME	FIRST	77122	WIDDLE	-/////////		LAST	CATEO		ATE KNO	EG. NO.	H DAY	YEAR	2b. HOUR
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	ST ST		V 7 7	71. •	MONTH DAY	YEAR	LAST BIRTHDAY	MONTH		HOURS		NOUNCED	11	9	06	10:05
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	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET,		Maryland ITY OR TOWN OF	DEATH	U.S.A.	ITAL NUE	SING HOME	WIDOW		DIVORCE	- 1		more Ci		D OF BUS	MD.
	A HE A SHA				(IF NOT IN SUCH FAC	ILITY, GIVE ST	REET ADDRESS)			,,,,,,	FOR MOST	OF WORKING LI	FE)	OR	INDUSTR'	Y
	2. IF ANY DELAY IS N 2. AND 3 TO THE FU 3. RETAIN PAGE 5 7 SHOULD BEFILED. AL RECORDS, 201 W		Baltimore	N NURSING HOME	3502 C13	RESIDENCE	Avenue	4)			No	ne				
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	AND ATIO	18	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH B	JT NOT RELA	TED TO THE TERMIN	AL DISEASE	OR CONDITION	N GIVEN IN PAR	T.1 (a)					
RECORDS	SALTH	Z														
	ULD BE EXECUTED WITHIN 24 HOU'PEDING" IN PENCIL IN ITEM 18 F. MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, H. CREMATION, OR REMOVAL.	CERTIFICATION	19a. DATE OF OP	ERATION	196. CONDITI	ON FOR V	WHICH OPERA	TION W	AS PERFOR	MED?				20. Al	UTOPSY?	
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NO	SHOUT WE		UNDERLYING CONTRIBUTING			MONIH	DAY YEAR									
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	A NOUTE OF STATE OF S		ACTUAL SIGNATURE	77	Xu	cal	us.	1	D Chi		MEDICAL	EXAMINER	DAT	E 11	1/10/	86
	SEA SEA	7		111	1						MEDICAL	EARWINGER.	310	10		
	TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE	+	(TYPE OR PRINT)	9	John E. Sn	niale	k, M.D.		ADDRESS_	11	1 Penr	st.	Balt	co.MD.		
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BATTIMORE, MARYLAND, 2	23 o. E	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	AME OF CEM	ETERY O	CREMATO	DRY	23d. LOCAT	ION		YINUC	STA	TE
07/B4		L	Buri	al	11/15/86	Ro	cky Hil	11 C	emeter	- V		odsbo		ederi		MD
25M	DHMH - 17	24 F	UNERAL DIRECTO	R	ADDRESS						EC'D. BY REC	SISTRAR 251	REGISTRAR'S		A	,
	(VR A15 ME (5))		D. D.	Hartz		nion	Bridge	. MD		N(JV 1 8	1986	Julia ,	Devideo	n. Kan	date



AMERICA

11-24-86

23b. DATE

BP DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

PHYSICIAN'S NAME (TYPE OF PRID

230. BURIAL, CREMATION, REMOVAL

(SPECIF Cremation

Westview Crematory

77 ADD RESS

231. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

130 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE BALTO . MD . 2123

23d. LOCATION

CHY OR TOWN LINE OF COUNTY LANDSTATE

COUNTY

22c. DATE SIGNED

DAY

1986

IF UNDER 1 YEAR

YEAR

DAYS

2b. HOUR

2:00

12b. KIND OF BUSINESS OR

Comm. Credit Co

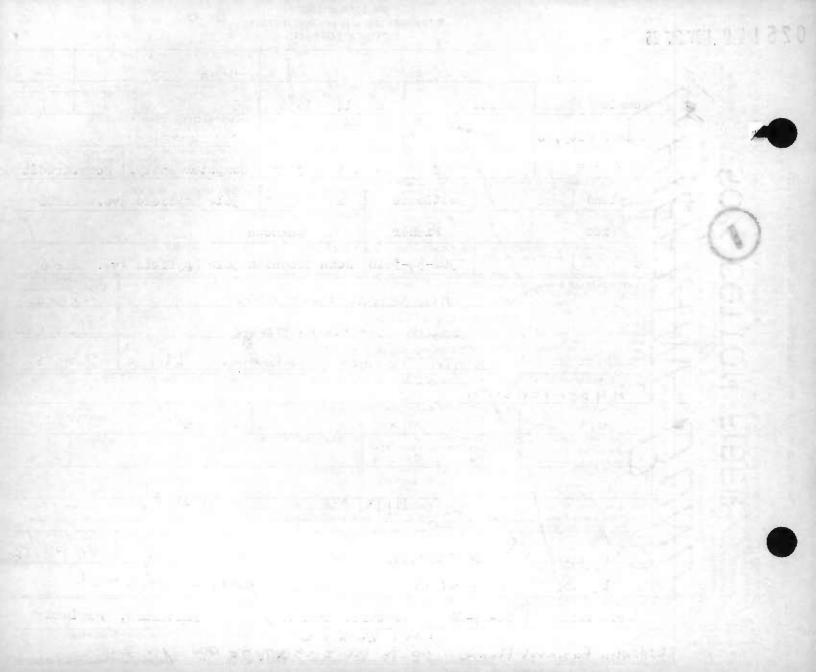
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21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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	le le	by the fulled with	16	10. CI	TY OR TOWN OF DEATH	1 1		HOSPITAL, N			R OTHER INSTITUTION	ION	120 USUAL OCCUPATIO		12b. KIND (OF BUSINESS OR
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WA	70	and and	0	Ch	arles	M	IDULE	Vale		ne	Mary	7	WIDDLE		Kraus	
E.	ecut	ges 1	7		VAS DECEASED EVER IN		NED FORCES?	16h SOCIAL	LSECUE	RITY NO.	17 INFORMANT		ADDRES	S	21220	
WO	e &	Pages Pages medica	1	No		IF TES, GIVE	WAR OR DATES	214-07	7-00	88	Mr. Joh	ın R.	Valentine			igh Ave.
ALT	1	1			18. CAUSE OF DEATH PART I. DEATH WAS	Enter only	one couse per	r line for (o), ((b), ond	101.1			0		BETWEEN	XIMATÉ INTERVAL I ONSET AND DEATH
-	11	000					BY: CAUSE (o)	Ca	rol	io p	ulmone	aru	y arrest			
N N	1	y /	4					R AS A CON	SEQUE	NCE OF		0	1			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	- E-	Then plate to buring		7	PART 2. OTHER SIGNIF	ICANT CO	0.	1	GIOD	EATH BUT	*		INAL DISEASE OR COND	ITION GIVE	EN IN PART 1	101
ORD	redin			CERTIFICATION	Ne	ile	Dasi		131	eed		oron		ten	Des	easo
SEC(30	ermit.	2	ICA	190 DATE OF OPERATION	N	19b. COND	ITION FOR W	VHICH (OPERATIO	WAS PERFORMED)	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDS	NGS USED S OF DEATH?
AL	The	icote hos ronsit pe Hygiene 18 shows		RTIF							1		YES NO	YES	board	NO 🗌
2	AN	ficote fransi I Hygi 18 sh	9		210. ACCIDENT WAS UNDER		HOUR A.	of injury .m. monti	H DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 1B PA	ART 1 OR PART 2)	
O Z	PHYSICIAN: ending phys	certifi uriol-t lental	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL	EXAMINER)	P.	.M.		19				1-1-	AL LIN	
SIO		this he bu		MED	WHILE NOT WHILE			OF INJURY REET, EACTORY, C	OFFICE, FA	RM, ETC)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
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-	ATT	ECTC for the of the of the of		-	obove, (I) (we) (did	(did not)	view the body	ofter deoth.	-17		DEGREE	ориноп с	an the dat	e and naur		SIGNED
	L OR	TO FUNERAL DIRECTION Should be detoched with the State Dept. APORTANT: If Her			MI. SIGNATURE			1 /			ATTENI	IDING _	MEDICAL STAFF		IN DATE	22/01
	TAL by t	ERAL State State	-		22d. PHYSICIAN'S NAM	F ITYPE OR	DE /	2:110	au	lun	PHYSI 22e. ADDRESS	ICIAN ()	DIRECTOR PHYSICI	AN	111	23/86
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	0.0			23a. B	URIAL, CREMATION, RE SPECIFY) Burial	MOVAL	23b. DATE	06			EMETERY OR CREM	ATORY	CITY OR TOWN	2.0	COUNTY	STATE
	BP.				JNERAL DIRECTOR		11-26	-80	1 1	arkwo		25a DATE	Baltimore			TLIDE
		- 16 60M 7/	84	24. 10	Leonard J.	Dural	r Two	Dol 4	DRESS	re. M		ZJU. DATE	REC D. DI REGISTRAR Z	JU. REGISTA	KAK S SIGNA	IUKE
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e p	poge 3			_ , _ ,	aul	VIIIDEVENDER		11 -6-1	86 605 PM
O E	e bo		3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI		
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WV	n 7	X2 7		West, Va.	V-3.	WIDOWED DIVORCED	Bei	stimore C	ity MD
- 1	3 4	P	10 C	ITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126. K	IND OF BUSINESS OR
-1011	+ p	XX		R-Offman	(IF NOT IN SUCH FACILITY, GIVE	STREET (DDRESS)	TYPE OF WORK FOR MOST		STRY
2 5	9 3	1	- 10	talpmore &	1 University	ot has grand	Retired	. W.	Va. St Police
2 2	ed in	21	13a.	AL RESIDENCE (IF NURSING HOME OR STATE	NTY 13c. CITY OR		13e.STREET ADDRESS	/ 7IP CODE	acan.
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A 3	plet nd 2	ESI	10	FIRST	MIDDLE	T FIRST	MIDDLE		LAST
¥ 0	mo L	(a)	1	Fred	Vandeyand				Limbers
ECC.	e d	is my		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV		SECURITY NO. 17. INFORMANT	ADDR	ESS	
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BALTIMORE,	0 %	0	-				andevander	Same as1	PPROVIMATE INITEDIAL
8	physica	0 vo		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D RY.	11		BET	APPROXIMATE INTERVAL
T.	d 6	event,			TE CAUSE (a)	irdiae Arrest			instantaneous
Z	nding	Tio of			DUE TO, OR AS A CONS	EQUENCE OF		7 7 7 3	
PRESTON he death of	ten re c	c E		Conditions, if any, which	f	Coronay artend	ceaso	1	
RES de	0 0	Troug T		gave rise to immediate	(b)	Colorated moral	2-1-12		
W to	# 5	iai, cremation, ar or other traumatic		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF			
201 N	- 0 P	010		anderlying coose idsi.	(c)				
				PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1101
SO2	The	2 · 2	l S	La participation of					
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require other other physician.	0	Dulou 1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS LISED
8 0			1 8			7		IN CERTIFYING CA	USES OF DEATH?
AL The	sit p	e 2/_	1 E				YES NO	YES [NO 🗌
Z Z Z	er this certificate has the buriol-transit pe	1 8 A	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	RT 2)
O O	1-10	E 20	4	OR CONTRIBUTING CAUSE OF DEA	2111	19			
NO NYSIC	s ce	or He	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
ISIO PHY fendi	+ +	D D	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O		CITY OR TO	OWN COUN	NTY STATE
DING PING	Afte	morked		AT WORK AT WORK			9	1.	
9 0	Se A	is mor		220.1 certify that (1) (this haspi	ital) attended the defeased f		0 10	6 19 8	that (1) (we) last
TE	20	21:		saw the deceased alive an	1/16	19, and that in (my) (aur) apinion	n death accurred on the	ate and haur and fra	m the causes stated
AT AT	IREC hed f	He H		22b. SIGNATURE	ot) view the body ofter death.	DEGREE		22.	DATE SIGNED
9 e	0 00			At	9/1 11/	ATTENDING	MEDICAL STA		DATE SIGNED
A + ×	NERAL D			wig	11. your	PHYSICIAN	☐ DIRECTOR ☐ PHYSI	CIAN SO	
SPI	FUNERAL	MPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	11,	0 111	. 1 1 1
P e	글링	S S		A-1111	MITANI	Univers	ity of Mar	yound flo	apuru
O de eto	Shoul	W Odw	22	HIDIA COSTANTIA	Ton Size			A	
1490	flat.	1	230.	BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
/ / BF	P // /			Burial	11/9/86	Cedar Hill Cemetery		Pengletor	
Diller	11 14 10	44.7/04	24 F	JNERAL DIRECTOR			ATE REC'D. BY DE OFFIRE	256. REGISTRADISES	ONAKORECTATION
	H - 16 60 (VRA 15,		D	NAME	ADDI		JV 1 0 1900	U.	1
	(114 13)	-1	F _K	uck Towson Fune	Haar Home	nc. 1050 York Rd.	1 0		

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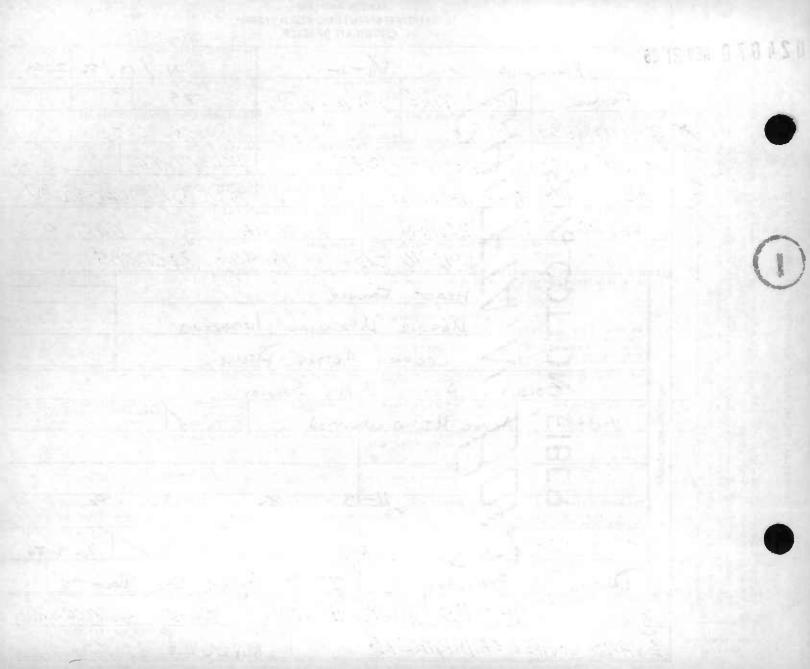
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244 NOV -		FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO.	
244 NOV -	V (1	CEASED NAME FIRST	MIDDLE		[AST		DAY YEAR 26. HOUR
th 3	(TYPE	OR PRINT)	# Abe DHY	MAN \	/ARON	11/2/86	245
you a	3. SE	X	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
Page 4	1	trale	Conce		DAY YEAR 24	62 YRS.	ONTHS DAYS HOURS M
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ofter de	10.C	Ball, wee		L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION REGRESSIONALORS DEFE	
De to	บุรบ	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION)		3	
in 24 h	1	Mel BA	LTIMORE	Belline	YES NO XX	130. STREET ADDRESS 603 Kehn Drive	BEH WZECS
ed with	D	ATHER'S NAME HYMAN	MIDDLE	∜ÄRON	15. MOTHER'S MAIDEN NA	WE	CALDERON
oe execut	160.	VAS DECEASED EVER IN U.S. AR YES UNKNOWN) WWIT		-14-9786	MRS. BLANCHE	VARON 603 KAHN D	OR. 21208
hysicia papers oval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c).)	N 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ng p bon r rem		IMMEDIA	TE CAUSE (a)	26.6400	terfine		106 y
teath tendi		Canditians, if any, which	DUE TO, OR AS A CO	onsequence of	heart foline		I week
hat the a by the a ase rema), cremati other tra		gave rise to immediate cause (a), stating the underlying cause last.		4 weeks			
ned Invisor	7	PART 2. OTHER SIGNIFICANT	(6)		A 4 1 A	MINAL DISEASE OR CONDITION GIVE	
8 110	5			10 co mp so mi			HEPR Dept
d d d d d	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
of the state of th		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)
S PHYSIC attending the buring and Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE ONT WHILE OF WORK OF WORK	P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDSN 1 or 1 feelth	1	22a 1 certify that (1) (this haspi	0 11		, 19 26		19 36 , that (I) (we)
ATTE		saw the deceased alive an abave, (I) (we) (did) (did no	t) view the bady after dea	19 % 6 , a	nd that in (my) (aur) apınian	death accurred on the date and have	and fram the causes stated
AL OR AL OR Senoched		22b. SIGNATURE	·ehande §) 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/3/34
世 第一個 円 名 2 mg	1	22d. PHYSICIAN'S NAME (1)		PERG	122. ADDDESS	Hospidel	
O HOSPITA Counted by Counted be do in the Sto		X	ichard A.	SLLO		10.312.10	
TO HOSPI retained to TO FUNE should be with the S	23o. E	BURIAL, CREMATION, REMOVAL SPECIEY BURIAL		23c. NAME OF C	EMETERY OR CREMATORY		600000

5 1 3 DEC -1	FOR FORTATE URGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE O O	
	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR TO
	JUST				P P
3 SE		4. RACE	VAUGHN 5. DATE OF BIRTH	NOVEMBER 6, 1986	UNDER 1 YEAR IF UNDER 24 HRS
25	MALE	BLACK	11 06 × 86 AR	YRS	NITHS DAYS HOURS 41
	SIRTHPLACE ISTATE OR FOREIGN MARYLAND	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY C	
3 57	BALTIMORE	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A THE JOHNS HOPK)	ADDRESS)	178. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
130. MA	STATE RYLAND ATHER'S NAME	140 BALTIMO	N 13d. INSIDE CITY LIMITS? YES NO 2 15. MOTHER'S MAIDEN NA		
Ch SP	RONALD	VAUGHN	JUDITH	MIDDLE	CANN
	(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU		ADDRESS	
CO	NO			GHN.4 ORIOM CT.	BALTO MD212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dodd dodd	PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), one D BY: E CAUSE (o) Cardiop	ulmonary are	part	BETWEEN ONSET AND DEATH
N =	IMMEDIAI	DUE TO, OR AS A CONSEQUE			111
32 7	Conditions, if ony, which gove rise to immediate	(b) Dulm		iciency.	IIMS.
ol, cr	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	regnatic her	nio	congenital
hen ple to buric njury, o			DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIVEN	N IN PART 110
cote hos been signored by the state of the s	190 DATE OF OPERATION . 11 - 6 - 86		operation was performed attic helnia	200 AUTOPSY? 20b. IF YES. IN CERTIFY! YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO
20	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T LOR PART 2)
s the buriol-in ond Mentol rked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
CTOR. Af for use o of Heolti	220.1 certify that (I) (this hospit sow the decoased live on above, (I) (we) (did) (did no	ol) ottended the deceosed from	86, and that in (my) (our) opinion	b, to 11-10, 19 death occurred on the date and hour of	ond from the couses stoted
ERAL DIRE.	276. SIGNATURE DEURA	Counts,	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	11-6-86
should be dero with the Stote	22d. PHYSICIAN'S NAME (TYPE OF		27e ADDRESS JOHNS	Hopkins Hos	
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c R	ANS HOP KINS HIST	23d LOCATION CITYORTOWN RAIT	COUNTY STATE OF
- 16 60M 7/B4 /RA 15, 4)	UNERAL DIRECTOR	600 N. MADDRESS	25a. DAJ	B B A SECTION OF SECTION	MES WENAUM



	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	3 1 8 7 8
4670 NOV 3		ASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MC	ONTH DAY YEAR 2h HOUR
4 4 5	1	MARCE	11114	VITUE	11	/13/86 2034 M
you do	1.5E		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	
t age +		Fennie	PHILLIPPIN	E APRIL 26, 19	75	YRS. DAYS HOURS MIN.
4 100	PA	OUNTRY PRINES	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	11 1 1 1 1 1	C/79 MD.
1138	Di Ci	BALTO. CITY	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
A hound	USU. 13a S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE	GWN 13d. INSIDE CITY LIMIT	1 -7777 2 10 1	2122
		THER'S NAME	10.00 PAREN	YES NO IN		KIDGE KD.C
od with	10		MIDDLE ROME	15. MOTHER'S MAIDEN ANTO	NIA	GARCIA
Pier P		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL S E WAR OR DATES) 343-	ECURITY NO. 17 INFORMANT	AMILY REC	
ng physics bon paper removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per line far (a), (b) BY: E CAUSE (a) HEACT	- FAKURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attendi ove cor rhon, or		Canditians, if any, which	DUE TO, OR AS A CONSE		INFRACTUR	
by the age rem if, crems		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF ACTECY	DSEASE	
her ple to buris	NO.		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART Tra
Zo British	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20g AUTOPSY?	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
0 2703	E81	11-13-86 210. ACCIDENT WAS UNDERLYING	ACUTE MI	IN EUGLUTION	YES NOW	YES NO
A T T T T T T T T T T T T T T T T T T T	0	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN	NITEM IS PART I OR PART 2}
8 88 47	A D	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
after the bound of	MEC	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	CITY OR TOWN	COUNTY STATE
A A S		220 I certify that (I) (this hospi	tal) attended the deceased fro	m	86 to 11-13	19_86 , that (I) (we) last
Party		sow the deceased alive on	11-13	2 86 , and that in (my) (aur) api	nian death occurred on the date	and haur and fram the causes stated
REC Net up the search of the s		22b. SIGNATURE	t) view the body after death.	DEGREE		22c. DATE SIGNED
4 000		KCO	August Van	MO ATTENDIN	MEDICAL STAFF	
FUNERA HI DE GE HE Shot ORTANT	+	72d_PHYSICIAN'S NAME (TYPE O	RPRINT)	PHYSICIA 122e. ADDRESS	N DIRECTOR PHYSICIAL	ND 11-13-86
O FUNERAL hould be der in the State MPORTANT.		DADIEL P.	FEDEROWICZ	ZZ 5.	GREEDE STE	BOOT. MD.
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 1804 2	31. NAME OF CEMETERY OR CREMATO	23d LOCATION	- COUNTY STATE
3P		SURIAL	11-11-1986	MIORELAND MEN	- BALTO,	BALTO.CO. MU.
MH - 16 60M 7/84	24. FU	INERAL DIRECTOR	of of the Canon	25a	DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15, 4)	12	VHIVS CHAP	ELUT MIEMI	16167	NOV 2 0 1986	Asia Kindon De Sace



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024499 NOV	13	STATE REGISTRAR				EXAMIN					H R	EG. NO.			
		CEASED NAME	FIRST		MIDDLE			LAST		20.	DATE KNO	WN NON	TH DAY	YEAR	26. HOUR
2 5 5 5 F.	1111	E OR PRINT)	Gloria		C.		Von	Nordec	ck		OF EST	ED 🛛]]	10	19 86	
A SOLUTION OF THE PARTY OF THE	3. SEX	(4. RA	CE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE)	RS IF UN	IDER 1 YR.	FUNDER :		DATE	MONT		YEAR	2d. HOUR
NOUR NOUR NO STATE		F	W	12-1-19		51 YE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HS DAYS	HOURS	MIN. PRO	DEAD	11	11	1986	B:237
RAL KAL	70. B	RTHPLACE (STATE OF	R	76. CITIZEN OF WH	AT COUN	TRY?	8. MARR	IED NEV	ER MARRIE	9.1	BALTIMORE	CITY OR COL	INTY OF C	DEATH	
IN S NECESSARY, PLEASE THE FUNERAL DIRECTOR. ACE 5 FOR YOUR FILES. THEN WITHIN 72 HOURS FOR WITHIN 72 HOURS FOR WITHIN 72 HOURS FOR WITHIN 75 HOUR	M	ARYLAND			S.A.		WIDOW		DIVORCE			more Ci			MD
C SESSED C	10. C	TY OR TOWN OF D	EATH	11. NAME OF HOST			OR OTH	ER INSTITUT	ION	- FOR MOS	OF WORKING LE	N TYPE OF WOR	OF	ND OF BU R INDUSTE	ISINESS RY
300 min		Baltimore		6802 Eve				-		DIREC	TORY /	ASISST.	PH	IONE	Co.
ANY DEL AND 3 TO POULD BI POULD BI POULD BI	13a. S	TATE	13b. COUNT		13c. CITY	ORTOWN)N)	13d INSIDE CIT	Y LIMITS?	13e STREET	ADDRESS				
2 3 3 3 3 3		MD.			3	ALTO.		YES	NO 🗆		L EVE	CRALL	AVE	. 212	907
1 - 20E	14. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTHER FIR	RST A		MIDDLE			LAST	
W SEE	14- \	KRH VAS DECEASED EVE		ARMST		IAL SECURIT	(NO	7. INFORM	AN	PM	AD	DRESS		3.17	23:
E E 2286	(Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE V			30-51		16. 0	tarla	tt b		ucle -	75 B	_	236
E SERVE			ATH (F-AI		1		TO	11.100	3400	un v.	Tirestor	النافر م		PPROXIMATE	
ti Degy		PART I DEATH	WAS CAUSED												T AND DEATH
NA SEGRETARY			IMMEDIAT	E CAUSE (o) H	angir As A CON)F								
PRESTON OIL 22 1 OIL 22 1 DISTORTER PROVAL	100	Conditions, if											-		
		gave rise to cause (a) stoti	ng the under-	DUE TO, OR	AS A CON	SEQUENCE ()F								
N IN CONTROL OF THE PARTY OF TH		lying cause las	<u>st.</u>	(c)											
S CRTIFICATE SHOULD BE EXECUTIVE THE WORD "FUNDING THE WORD "FUNDING THE WORD "FENDING THE ANOULD BE USED AS A BUT ET SHOULD BE USED AS A BUT OF PRICK TO BURIAL! AND OF PRICK TO BURIAL! CREMATH		PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	DATRIBUTING TO DEATH 8	UT NOT RELA	TED TO THE TERM	NAL DISEAS	E OR CONDITION	GIVEN IN PAR	T 1 (o).					
CERTIFICATE SHOUD BE ENTING THE WORD "PENDING THE WORD" PENDING THE CHIEF MEDIC TO THE CHIEF MEDIC SHOUD BE USED AS HOUR TO BURIAL, CREMINAL OF HEALTH I PRICK TO BURIAL, CREMINAL OF THE SHORE THE SH	CERTIFICATION				24.										
SED AL,	CAI	190. DATE OF OPE	RATION	196. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORA	AED?		700		20 A	AUTOPSY?	>
F VITAL IS SHOUL WORD "F CHIEF CHIEF OBE USED HOTOF HIS BURIAL!	RTIF		1155 1446	1011 71115 05		TERM	1							YES 🗌	NO 🖳
A PARENTAL OF THE WAR TO BE A		210. EXTERNAL CA	d OR			DAY YEAR						ITEM TS PART T OR	(PART 2)		
SION SHOULD THE RICK	MEDICAL	CONTRIBUTING [P.M.		10 19 86		Subject	hand	ged se	elf				
S CERTINE S CERT	ME	WHILE NO	T WHILE	STREET, FACT	DRY, FARM, ET		5	STREET			TY OR TOWN		COUNTY		STATE
ZIZA WAL		AT WORK AT	WORK	hom	<u>e</u>		1680	2 Ever			Balto.				MD
L EXAMINER: TE CERTIFICATE, DULD BE FORW DIRECTOR: H. WITH THE ST. MARYLAND;	20	220 I certify tho	t I took charge	of the remains desc	ribed obo		Autop	sy .	Inspection	<u>X</u> .	Inquiry ,	and in my	opinion		
EXAMINER CERTIFICA ULD BE FO DIRECTOR WARYLAND		death resulted fro	m: Nature	al causes,	Accident	, Su	cide X			Undeterm	ined manner	L.			
HCAL EXA SHOULD SHOULD ERAL DIRE EATH, WIT		ACTUAL	1	/	11	Page 1		TITLE (SP				DAT	TE	11/1	12/86
MEDICAL CUTE THE CUTE THE SE 4 SHO FUNERAL TIMORE,		SIGNATURE	4//-	-	1		M	ASS15	stant	MEDICA	LEXAMINER	SIG	NED	11/1	.2/00
TO MEDI EXECUTE TO FUNE AFTER DE		(TYPE OR PRINT)	wil	liam M. Z	ane.	M.D.		ADDRESS	111	Penn	St. E	Balto.M	D.		
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNEAL DIRECT AFTER DEATH WITH THE BALTIMORE, MARYLAI	23o.B	URIAL, CREMATION				IAME OF CEA		R CREMATO	RY	123d. LOCA	TION		OUNTY		TATE
07/84 BP		BURIN	L .	11-15-86	G	ARDEN	5 0	F FAI	TH	CITY OR T	ALTO.	MD.	OUNT	SI	AIE
25M DHMH - 17	1	NERAL DIRECTOR	5.	ADDRESS		-		2:	So. DATE R	EC'D. BY RE	GISTRAR 251	REGISTRAR'			
(VR A15 ME (1	artherity	100a.	7527	Hay	and b	rel.		NO/	1141	986	Julia Da	ndern-	Kandal	30
	-					9									

2	<i>l</i> . ∩	2.2 110		1-	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 6	3	Ö	8 0
4	4 U	3 7 MA	V 14		CEASED NAME FIRST	MIDDLE	V 1977	AST		MONTH DAY	YEAR 26	HOUR
		be 3 eoth 3		(TYPE	ORPRINT) John	William	Was	ner	1	1 9	86	3 14 P M
		ge 4 moy be ector, poge irs ofter deot		3. SE	Male	Caucasio,	5. DATE	DE BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH		FUNDER 24 HRS
(eorth. Po	(9/7		RTHPLACE (STATE OR FOREIGN COUNTRY) ENGLAND	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	L'MOCE		3 MD.
	L		3		Baltimoce	(IF NOT IN SUCH FACILITY GIVE		DENERAL HIP	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		NDUSTRY	BUSINESS OR
966,515	N	24 hour	25	USU:		INTY 13c CITY OR	BEFORE ADMISSION) TOWN More	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS?	ZIP CODE	St.	21230
MARVIA		mpletely od 2 sh	exomine	14. F.A	THER'S NAME FIRST VNICAOUS	MIODLE LAS		15. MOTHER'S MAIDEN NA.	ME NOWN DOLE		LAST	
RAITIMOPE		be executed on ond so. Pogesal	medicol		VAS DECEASED EVER IN U.S. AF		SECURITY NO.	POLORES W.	ENGERT (S	SS 118 L	BAR HI	DENA NO
5		oth certificate be ending physicio corbon popers o, or removol.	notic event, the			only one couse per line for a), (I ED BY: ATE CAUSE (o)	EQUENCE OF	Imonery Arr	rect		APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
NOTOSGG W. LOC	,	by the offer hose remove	or other trour		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS						
20	(1 1	lony,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN I	PART Iro	
TOC SOURCE STATE BECOME	/	on. hos bring t permit	ows ony ir	CERTIFICATION	1% DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATIO	IN WAS PERFORMED	70a AUTOPSY?	ING IF YES, WE IN CERTIFYING YES	CAUSES OF	
OF VIT		YSICIAN: The ling physicion sertificate ha curiol-transit promotive to the manual transit promotive transit pr	Item 18 sho		216. ACCIDENT WAS UNDERLYING. [OR CONTERBUTING. [] CAUSE OF DE LE ETIMES, NOTHY MEDICAL EXAMINE	TATH HOUR A.M. MONTH	DAY YEAR	714 HOW INJURY OCCUR	RED (ENTER HATURE OF HUM	IV IN VIEW 18. PART 1	DR PART 21	
NOISIN		PH end end he b	morked or It	MEDICAL	214 INJURY OCCURRED	ZIE PLACE OF INJURY (AT HOME STREET FACTORS O	TTICE, FARM, ETC.)	ZII. LOCATION	CITY OR TO	10	countr	STATE
-	•	ATTENDING sepital or off CTOR: After d for use os the t. of Health or	21 is mo		22s.1 certify that (1) this hasp saw the deceased after or above. (1) (we) (did) (did to	- 1//-3		nd that in (my) (our) apinion	death occurred on the da	ate and hour and		at (I) (we) Dost
		OR OR OCHE	T: If Item		77h SIGNATURE	a cont	Mo	ATTENDING PHYSICIAN [MEDICAL STAT	FIANT	22c. DATE SIC	19/86
		TO HOSPITAL retoined by the TO FUNERAL should be detroited with the Stote	APORTAN		22d PHYSICIAN'S NAME (TYPE	, ,	L mn	22e. ADDRESS		4. Bulh	mare 1	40 21236
		of of she	≥	23a I	SURIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	Aco.	UNTY	STATE
		BP	_		PURIAL	Nov. 12, 1986	WESTER		BACTINO	RE CIT	Y	MO
		DHMH - 16 60M (VRA 15, 4		24. FI	Clarcy F. H.	3204 MG	60 .	ND	OV 1 3 1986		SSIGNATUR	E

		FOR	DEPA	STATE OF MARYLA RTMENT OF HEALTH AND A	(3)	3 1 8 8
8 1 DEC -2 1	d .	STATE		CERTIFICATE OF D		
0 050 -2	0	REGISTRAR			REG	. NO.
		CEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
ed at the	,,,,,,	MARTI	N F.	WAGNER , 3%	NOVEMBER	27,1986 7:00P
6 60	3. SE		RACE .	5. DATE OF BIRTH	6. AGE (IN YEARS LAS	
4 64	1	MALE	WhITE	MONTH DAY	YEAR	MONTHS DAYS HOURS MIN
B 95		1 11/22	101111-	JULY 28,1	922 6	YRS.
2 32		RTHPLACE STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTI	RY? 8	9 BALTIMORE CIT	OR COUNTY OF DEATH
4 12 85		PARYLAND	USA	MARRIED NEVER M	1 12011	MORE CITY
8 55 9				SING HOME OR OTHER INST	OWCED 1	
1112 01		PALTIMORE	(IF NOT IN SUCH FACILITY, GIVE ST		TYPE OF WORK FOR MC	ATION 12b, KIND OF BUSINESS C ST OF WORKING LIFE) INDUSTRY
141 5	10	AL MACKE	Church H	05P.	TRUCK	DRIVER DUMP TRUC
B 5 x B	List	L RESIDENCE (IF NURSING HOME OF OT	HER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		
12 27	130.	Md BOTTI	- 17		TY LIMITS? 130.STREET ADDRES	SS / ZIP CODE/
7 12 12		10011111	IURE BALT			95TdAlE Rd 21224
打 翻公台。	14. F/	THER'S NAME	DIF LAST		MAIDEN NAME	E IAST
東東のうつ	1	MARTIN F.	WAGN	IER, SR ALL	INA KRUMEL	, LASI
Same of the	16a. \	AS DECEASED EVER IN U.S. ARME	D FORCES? 166. SOCIAL SI		NT AD	DRESS 7700 FACTION
1 70 7		ES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES) (71-7	6-6379 MRS. A.	NGELINA A.WAG	DRESS 7759 EASTDALE
2 54 1		YES 1943-	1746 0112	0 631 / 1/1(3.17)	NGT -11011 17. 10140	-NER Ad
2 38 F		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b),	and (c),1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
400		PART I. DEATH WAS CAUSED E		RE. ARDOMINAL	AORTIC ANEUF	VSM
P 900 4		IMMEDIATE (AUSE (a) 101	THE TREE PROPERTY.	MORTIC ANLOT	(IDPI
4 785 5			DUE TO, OR AS A CONSE			
de tion de	-	Canditians, if any, which	((b) ARTERIC	DRSCLEROTIC	CARDIOVASCULA	R DISEASE
2 2 2 2 2		gave rise to immediate cause (a), stating the	DUE TO OBJECT CONCE	OUENICE OF		
5 20 E		underlying cause last.	DUE TO, OR AS A CONSE	JUENCE OF		
4 25 5 9	-		(c)			
2 22 2	7	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)
2 元年元宝	0					
2 2100	3	19a DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFO	RMED 20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
20 1415 /	Ē	NOV. 27 1986	CAME		YES TO NOS	IN CERTIFYING CAUSES OF DEATH? YES NO NO
- 9 4 7 6 4	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	SAME 216. TIME OF INJURY	Tale HOWAN		
At 30f m	-30	OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	JURY OCCURRED (ENTER NATURE OF	INJUKT IN ITEM IB PART I OR PART 2)
0 - 10 E 1	3	IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
TO SEE	MEDICAL	21d, INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATIO	N	
the transfer	Z	WELE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC) STREET	CITY O	R TOWN COUNTY STATE
Z = 8 = 5		AT WORK		IOVEMBED 26	OE NICHT	MPED 27
Z- 852 5		22a.1 certify that 🚯 (this haspital	attended the deceased fro	NO ATHREE SO		MBER XX 86 that (we) I
E# 544 ==		saw the deceased alive an abave, (Hr(we) (did) (did not) v	OVEMBER 27	86_, and that in (aur) apinian death accurred an th	e date and haur and fram the causes stated
4 10 H 10 H		22b. SIGNATURE	iew ine body differ death.	DEGREE		22c. DATE SIGNED
0 2 0 9 0 5			emi m		TTENDING MEDICAL S	TAFF . 11 . 271
TA de de		* 1 /			HYSICIAN DIRECTOR PHY	SICIAN 2//
27 All 100 H Mr 25		22d. PHYSICIAN'S NAME (TYPE OR PR		22e. ADDRESS	CHURCH HOSP	TTAL COPP
ST ZAVE V		A. F. NAZEM	II	100 N		
HOSPI FUNE PUNE PUNE PUNE PUNE PUNE PUNE PUNE P		111 - 11110			. Ko Broadwa	11 Dalto Md 313.
TO HOSP with the with the	02					y Dallu. Mu Ziz.
0 0 0 0		URIAL, CREMATION, REMOVAL		C NAME OF CEMETERY OR	REMATORY 23d LOCATION	COUNTY STAFF
		URIAL, CREMATION, REMOVAL	23b. DATE DEC. 1, 1986		REMATORY 23d LOCATION	COUNTY STATE
T - 0 - 0	1	URIAL, CREMATION, REMOVAL		C NAME OF CEMETERY OR	23d LOCATION CITY OR JOWN	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO DAY YEAR 23 1986 11.15M 54 BALTIMORE CITY

REGISTRAR LAST 1. DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH LIYPE OR PRINTI BABY BOY WAGSTAFF NOVEMBER AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE 5 DATE OF BIRTH MONTH YEAR MALE BLACK 23 86 TO. BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X COUNTRY MARYLAND USA WIDOWED [DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? BALTIMORE MARYLAND YES X 3804 FLOWERTON ROAD 21229 NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE WAGSTAFF REGINA CELESTER SNYDER ADDRESS THE WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) REGINA WAGSTAFF 3804 FLOWERTON ROAD 21229 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Julmonan Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. treme PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CATION 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFIC NOX YES T NO [21a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

22e ADDRESS

19

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CITY OR TOWN

COUNTY STATE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an Nov 23 abave (11) we) (did) (did not) view the bady after death 226. SIGN ATURE

DEGREE ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN TO 22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPEOR PRINT) regori

230 BURIAL CREMATION REMOVAL

21d INJURY OCCURRED

NOT WHILE AT WORK

11/23/86

23h DATE

23c. NAME OF CEMETERY OR CREMATORY

da 23d LOCATION COUNTY

CREMATION 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

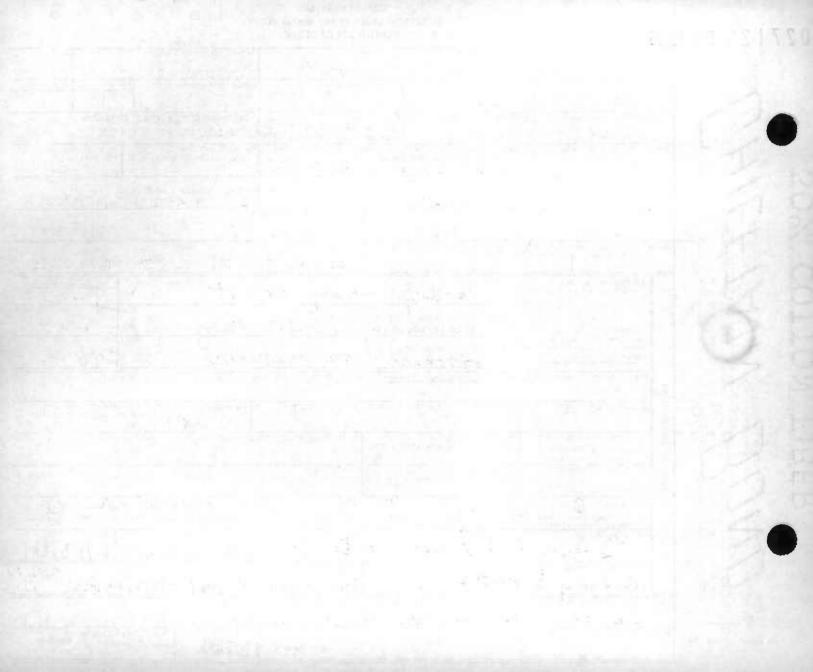
(VRA 15, 4)

(SPECIFY)

STATE

NAME

JOHNS HOPKINS HOSPITAL 600 N. WOLFE STREET MD 21205 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



11/14/86

9705 Belair Rd., Balto. Md. 21236

24 FUNERAL SCHIMMUNEK Funeral Home, Inc.

STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

Gardens of Faith

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Nicodor

Baltimore

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

22c. DATE SIGNED

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STATE

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1986

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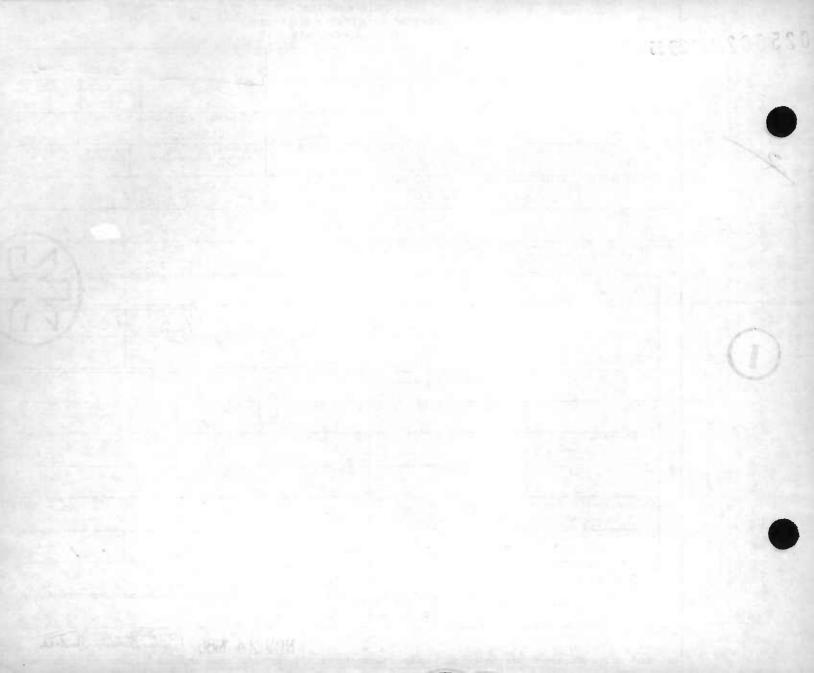
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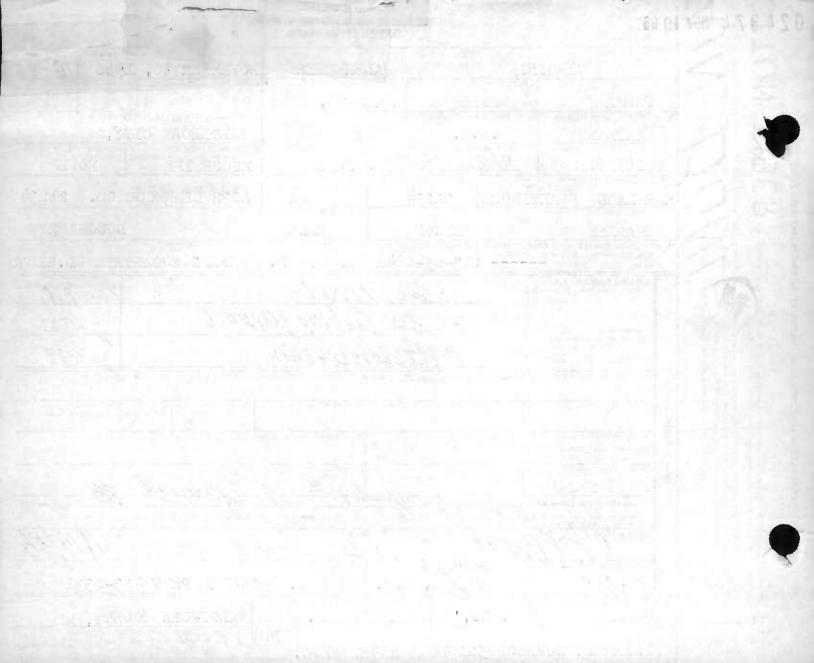
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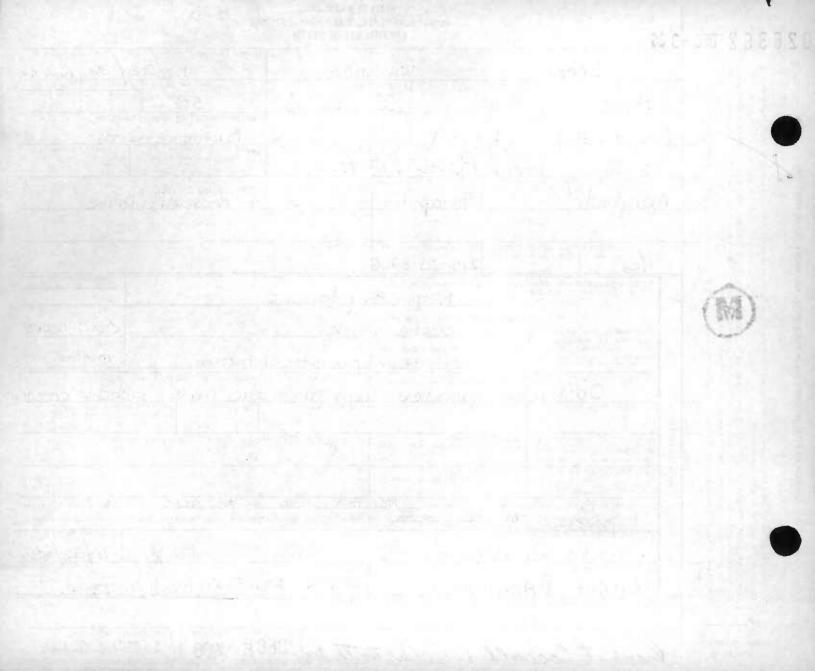
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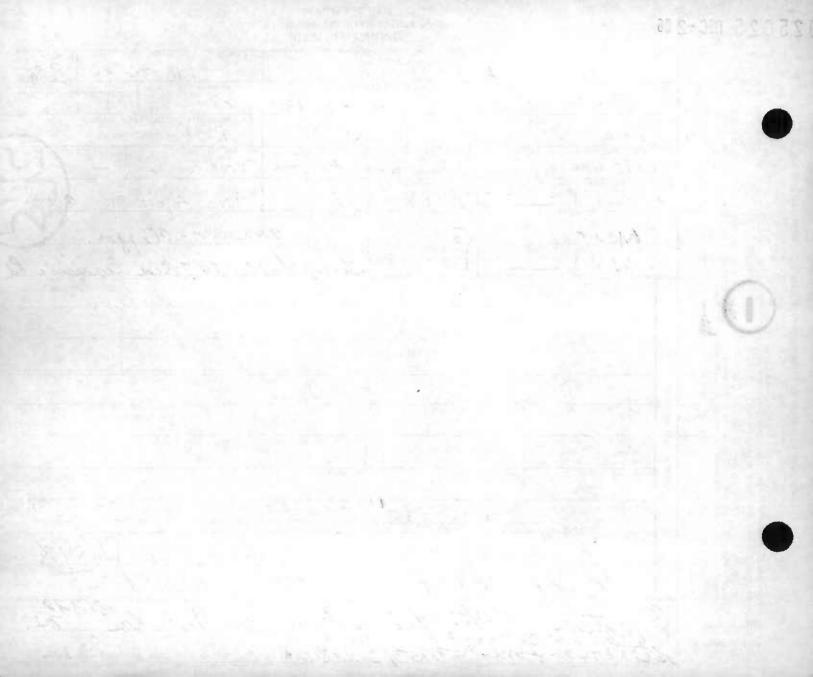
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1 01		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRI	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKI)	NG LIFE) INDUSTRY	OF BUSINESS OR
6: 11		BALTIMORE /	(IF NOT IN SUCH FACILITY, GIVE STRI	JRSIN(F HOME	HOUSEWIFE .	NG (FE) INDUSTRY	OME
A	J⊌5Ü		OR OTHER INSTITUTION, GIVE RESIDENCE BEF			1		
ille 24			LTIMORE 212	3/1	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS ZIP C 1032 DEANW	OD RD.	21234
shot the		ATHER'S NAME	LIMONUL SES) !	15. MOTHER'S MAIDEN NA		JOD IID	22271
do do	5	FIRST	MIDDLE LAST		ELLA	MIDDLE	Dorrda	th man se
d u o	1	CHARLES	DIXO	N	ELLA		DOUG	HTERY
d c d	160.	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS		
P 0 0 0	1	YES NO OR UNKNOWN) (IF YES, C	213-05-	-6841	VALERIE L.	WESSEL2 SUG	ARTREE T	PI., 21030
ه بن ه	-	La constantina	1-2-3					
on ond		PART I. DEATH WAS CAU	only one couse per line for (a), (b), SED BY:	and (c).)	MARIA		BETWEEN	XIMATE INTERVAL
1 SAFE	-		IATE CAUSE (0) CATAL	ac i	corcesi		ce	are .
ING PHYSICIAN: The low requires that the death care attending physicion. After this certificate has been signed by the orthogon so the buriol-tronsit permit. Then please removicing the ond Mental Hygiene prior to buriol, crematical concepts of them 18 shows any injury, or other traumatical or the order or them.			DUE TO, OR AS A CONSEC	UENCE OF	a. Anen 1	ikall	0.	Day 1
		Conditions, if ony, which		Wry L	erkery pe	THAM	1	mers
he o mot r tro		gove rise to immediate couse (a), stating the) ""	1				
of the		underlying cause lost.	DUE TO, OR AS A CONSEC	THE OF	10000060		106	2018
or or o			((c) (XXII	xou	- carri		Je	-003
uire en p buy,	z	PART 2. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART I	in.
red red	9							
A PER S	No.	190. DATE OF OPERATION	196. CONDITION FOR WHIC	TH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FIND I ERTIFYING CAUSES	INGS USED
ho hos	E					YES TI NOT	YES []	NO []
A share	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			121c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		
ICIAN: T g physici g physici ertificote iol-tronsi ntol Hygi		OR CONTRIBUTING CAUSE OF E						
rSIC ing cer urio tent	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE		19	1111100171011			
this this dor	自		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	O COUNTY	STATE
rke rate	1	AT WORK NOT WHILE		111	0 19th 10	Mar- 121	66	
or or see alt		22s.I certify that (I) (the ho.	pital) attended the decease from	111140	1901	10 1000 10	19	, that (1) (see) lost
TEN Ital		sow the deceased alive of	on 6/100 / 3/2 19	86 .0	nd that in (my) (opinion	deoth occurred on the date and		
AT OSP		above, (I) (we) (did) (did i	not) view the body often death		DEGREE			
the h the h toche e Dep		TH. SIGNAL OF	Daniel/	11	ATTENDING .	MEDICAL STAFF	ZZC. DATA	SIGNED P
ZAL det		41	Velle !	M	PHYSICIAN E	DIRECTOR PHYSICIAN	1//	1100
NES SPIN		22d. PHYSICIAN THAMILTY	CORPRENT) AKANAGA		22e. ADDRESS			/
TO HOSPITAL retoined by the TO FUNERAL should be detoined the Mark the State IMPORTANT: H		CARLO	ARANGA.	M.D.	1900 E. NO	ORTHERN PKWY	433-03	37
5 € 5 € ₹ ₹ 	730	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION		
0.0		BURIAL				CITY OF LOWN	COTTANTY	STATE
BP	_		NOV. 20, 86 M) KTTY		K BALTIMORE		MD
DHMH - 16 60M 7/84		UNERAL DIRECTOR	ADDRESS		25a. 25a.	9 V.C. 3. BORE 998 BR 256. RE-	GISTRAR'S SIGNAT	
(VRA 15, 4)	W	ILLIAM E. JO	MNSON8521 LOC	H RAV	EN BLVD	U	England J	r. Landace
				T				



	1	FOR	D.C.D.		OF MARYLAND ALTH AND MENTAL H	NOTENE 8	6	3 8	8 9
392 DEC	0	STATE REGISTRAR	DEF		ATE OF DEATH		TC NO		
1007 000	1. DE	CEASED NAME FIRST	WIDDIE	LAS		2a. DATE OF DEA	EG. NO.	DAY YEAR 21	h HOUR
2 25	Tibe	LEON		WALL	ANE		11/2	6/86	10.00 AM
A Dad	3.56		RACE	5. DATE OF	100	6. AGE (IN YEARS)	- /		F UNDER 24 HRS
1 90		Male	Black	MONTH 2	20 36		50 YRS.	MONTHS DAYS	HOURS MIN,
P 200 400	7a. B	RTHPLACE ESTATE OF POREIGNA 76.	CITIZEN, OF, WHAT COUN	TRY? 8		- 9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	
1 15 55	11	Markeles Wel	11.5.A	MARRIED	☐ NEVER MARRIED ☐ DIVORCED **	4 67 1	more (Cata	445
	100	BOLLO 11	NAME OF HOSPITAL, NU	IRSING HOME OR		120 USUAL OCC		12b. KIND OF E	BUSINESS OR
1 5 A	d/SU	AL RESIDENCE (IF NURSING NOME OF OTTALE	HER INSTITUTION, GIVE RESIDENCE		3d. INSIDE CITY LIMITS	2 13e STREET ADD	RESS / ZIP ÇODI	F	1401
24 all 10 all 124	Y	naryland 17	1 Anno		YES NO D	111 //	sevelt	Prive.	, -,
1020	H.F	THER'S NAME	DLE LAST		5. MOTHER'S MAIDEN		DDLE	LAST	
ond co		DECEASED EVER IN U.S. ARME	AR OR DATES)	SECURITY NO. 1	7. INFORMANT		ADDRESS		100
9 01 4	-	18 CAUSE OF DEATH (Enter only o						APPROXIMA	ATE INTERVAL
AN		PART I. DEATH WAS CAUSED B	Y:	spirato	a failir	0		BETWEEN ON	SET AND DEATH
		IMMEDIATE (4	4 janos	06			
	1	Canditians, if any, which	DUE TO, OR AS A CONS	COTIC ST	make			1224	hours
7 256	1	gave rise to immediate cause (a), stating the)	0			11.000		
othe other	1	underlying cause last.	DUE TO, OR AS A CONS	at v and	pancreatic	obstruction	n	mont	h5
a plant		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING					VEN IN PART 1(a)	
The state of the s	NO.	Obstruc	tive inino	lide for	m pane	reatic m	voss.	probable	canc
has been the property of the p	CERTIFICATION	1% DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION		200 AUTOPSY	206. IF YE	S, WERE FINDING FYING CAUSES OF	S USED
the state of the s	1 8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCC				,
CA TABLE	1 4	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR 19					
ding ding or me	MEDIC	214 INJURY OCCURRED	21e. PLACE OF INJURY		III LOCATION			COUNTY	
2 4 4 6 B	E	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CH	Y OR TOWN	COONIY	STATE
NO PERSON		220.1 certify that (1) (this haspital)	attended the deceased fr	om Nov	18th 19.86	e 10 NOV	26	19_86 , the	at (f) (we) las
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		saw the deceased alive an abave, (i)(we) (tid) (did nat) v			that in (my) (aur) apin	ian deoth accurred an	the date and had	ur and fram the car	uses stated
* 2 H F E	1	17h Signa Line	lew the body after death.		GREE		500	22c. DATE SIG	
A PER		HIMAN A	and hung	un.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF	11/2	6/8/0
HOSPITAL red by it FUNERAL uld be der the Skote	1	22d. PHYSICIAN'S NAME (TYPE OR PR	INT)		22e. ADDRESS				E1.007
0 0 0 0 4		LINDA PA	ARKHURST		LRVAH -	Loch Raver	Road 1	Baltonora	0
5 5 5 5 3					METERY OR CREMATOR	RY 23d. LOCATIO	N	111111111111111111111111111111111111111	
BP		(SPECIFY)				CITY OR TO	WN	COUNTY	STATE
	24. F	UNERAL DIRECTOR			25a. I	DATE REC'D. BY REGIS	TRAR 25b. REGIS	TRAR'S SIGNATUR	E
	1	MAME , AP C	ADDR	ESS 1 1 7	110	DEC 5- 400	1/ 4	Tindon Pas	dass
DHMH - 16 60M 7/B4 (VRA 15, 4)	4		roll 17/2-	14 W/ MA	nth aux [DEC 5 198	- 11.0	- A	daes





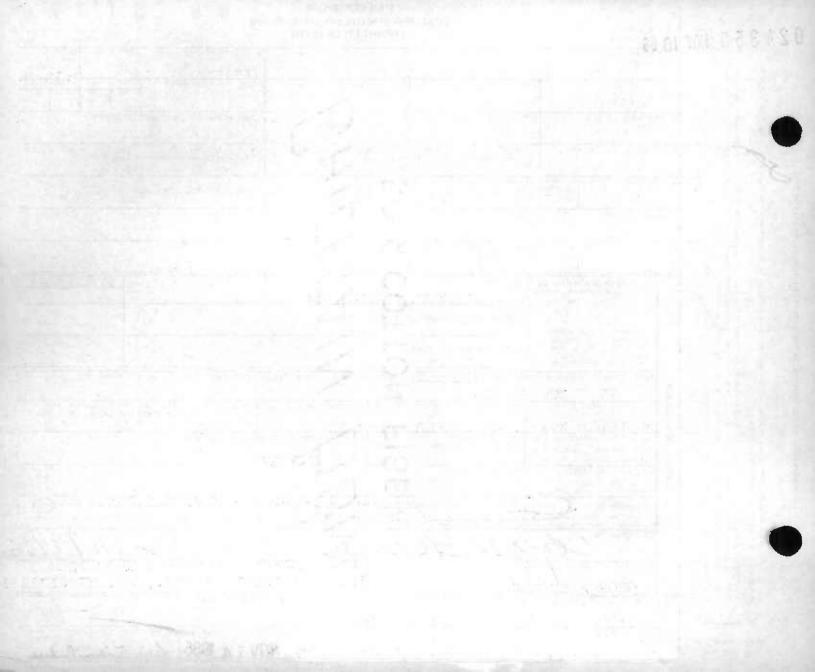
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0236	191	YOY	218	EOR STATE REGISTRAR		DEPARTM	STATE OF MARY ENT OF HEALTH AN CERTIFICATE OF	D MENTAL HYG	IENE 8 6	3 1	8 4 5
				CEASED NAME FIRST	MIDDLE		LAST				YEAR 26 HOUR
pe	poge 3 er death		(TIPE	Helen	Anne		Walter	5	Novem	bes . 6.1	1986 7:50 PM
мау	er d	915	3. SE	X	4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER	
4	rs of		F	emale_	White		Aug. 6	YEAR 11	75	YRS.	DAYS HOURS MIN.
Pag	lo di	571	o. Bl	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	MARRIED NEVE		9. BALTIMORE CITY OF		ATH
eoth	100	切り		Maryland	USA			DIVORCED [Balto. (1944	MD.
P	€ ÷	3/	10. CI	TY OR TOWN OF DEATH		TAL, NURSING	G HOME OR OTHER IN		120 USUAL OCCUPATION		KIND OF BUSINESS OR
5 1 2	by th	40	1	3alto	St. Aar	105 +	Conta D)	Superviso		ver Brothers
D 2120	be f	27/	USU,	AL RESIDENCE (IF NURSING HOME OF		SIDENCE BEFORE		E CITY LIMITS?	13e.STREET ADDRESS /		
2/ 2	fille 60 dd	ずり				alethor		NO 🔯	1817 Selma		21227
2 4	2 sp	をクフ	M. FA	THER'S NAME	MIDDLE	LAST		ER'S MAIDEN NAM	AE		
MARYD	ald by	多文	1	Alexander		Choragi	lewicz A	Anna	WIDDLE	1	Olender
. 4-	es d	0		VAS DECEASED EVER IN U.S. AR		OCIAL SECU		MANT	ADDRE		
IMO e ex	Pag.	medi		VO		20-09-8	3490A Johr	n L. Walt	ers, 1817 s	Selma Ave	nue
ST., BALTIMORE,	g physicio onpopers removot.	event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for D BY. TE CAUSE (a)	PPIOF	ZEGPIRA	MORY	ARRES	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
11 W. PRESTON ST.,	0 0 0	roumoti		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	ENOC	ARCINUM	A OF	PIGHT C	OLON	
RDS, 20	الله	inlory.	NOI	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRI	BUTING TO D	EATH BUT NOT RELAT	IED TO THE TERMI	INAL DISEASE OR COND	DITION GIVEN IN PA	ART 1(o)
DIVISION OF VITAL RECORDS, 201 W.	has been it permit	See out	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATION WAS PER	FORMED	YES NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO [
OF VIT	certificate riol-transi ental Hygi	18 s		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER			Y YEAR	INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR P.	ART 2)
IVISION IG PHYS	attendin ter this o	orkedori	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN.		RM, ETC.) 211 LOCA STR	ATION REET	CITY OR TOV	AN COU	INTY STATE
0	A: Af	S mo		22a.1 certify that (I) (this hospi	tol) oftended the dece	gsed from_	261 29	19 86	to_NOV	Ce 19.86	that (I) (we) last
ATTEN	of H	21 :		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body ofter of	death. 19_4	6 , and that in (m	ny) (our) opinion o	death accurred on the do	te and hour and fre	om the couses stated
AL OR A	DIR Dep	T: If Item		226. SIGNATURE	c.m	end	G, M.D.	ATTENDING PHYSICIAN	MEDICAL STAF	F / /	DATE SIGNED ONOV 1986
SPIT	FUNER, old be d	XX /		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDR				
HOSP	retained by th TO FUNERAL should be deter	POR		Dr. O. ma	endez		St	t. Agnes	Hospital		
5	show	≥		SURIAL, CREMATION, REMOVAL		23c N	AME OF CEMETERY O		23d LOCATION		
	BP			Burial	11/10/86	Lou	don Park C	Cemeterv	Baltimore	COUNTY	Maryland
71	MH - 16 60M	7/84	24 FL	JNERAL DIRECTOR			21229	250 DATE	BEC'D. BY REGISTRAP	Sh. REGISTRAR'S S	IGNATURE Pandace
υn	(VRA 15, 4)		Hı	ubbard Funeral	Home, Inc.	ADDRESS 4107	Wilkens Av	ve.	IN TO 100	0	

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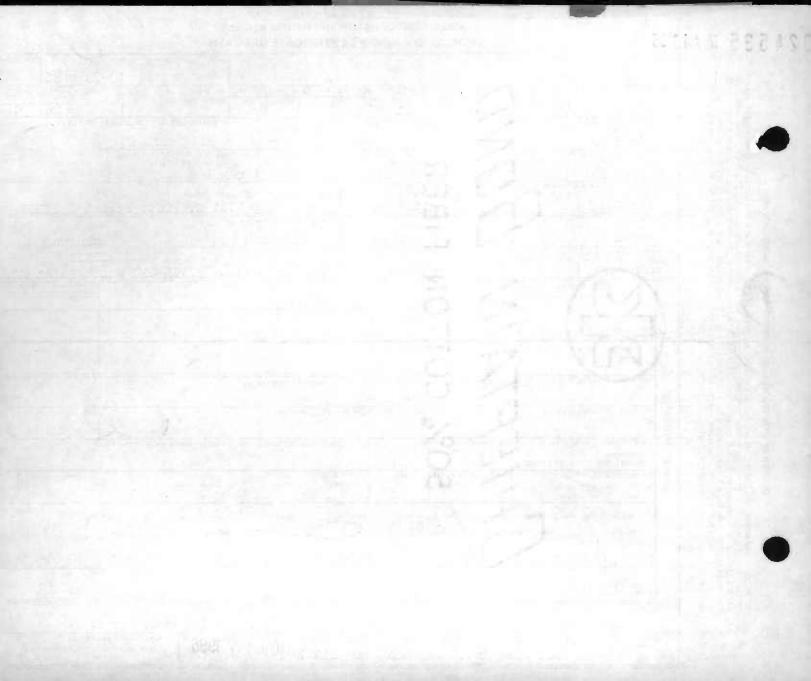
024355 NOV	1	FOR STATE	DI	EPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE 8 6	3 1 8 9	3
	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		
noy be poge 3	TIVE	SAMUET.		WAR	Tr	NOVEMBER	9, 1986 8:38	-M -
moy er de	3. SE	X	4. RACE	5. DAT	E OF BIRTH	6. AGE IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 2.	4 HRS
ge 4 ma ector, p		Male	Black	wé	NTH 4 36	50	YRS.	MIN.
leoth. Po in 72 hou	70. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) C.	76. CITIZEN OF WHAT COU	MAR	RIED NEVER MARRIED WED NORCED	Baltio.	City	MD.
5 offer south		Balto	(IF NOT IN SUCH FACILITY, GE	ch Home	e or other institution Hospital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST (SOR
24 hou ould be	130.	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDEN NTY 13c. CITY C	ICE BEFORE ADMISSION OF TOWN	13d. INSIDE CITY LIMITS?		ZZIP CODE ELYN Ave. 21213	
MARYLA ed within mpletely ond 2 sh	14 F	ATHER'S NAME		AST	15 MOTHER'S MAIDEN N.	AME	LAST	
		Sammie WAS DECEASED EVER IN U.S. A		e AL SECURITY NO	LOUISE 17. INFORMANT	ADDR	ESS Gray	EV
BALTIMORE, ote be execu- sistion and coppers. Pages 1 vol. t, the medical	Н	(YES, NO OR UNKNOWN) [IF YES, G	IVE WAR OR DATES)	30_8618	Diana Johns	on 2007 Swar	ocoa Dd	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT NG PHYSICIAN: The low requires that the death certificate is rated and physicion. Tottending physicion. Totten this certificate has been signed by the ottending physicio as the buriol-transit permit. Then please remove carbon papers in and Mental Hygiene prior to buriol, cremotion, or removal. Orked or them 18 shows ony injury, or other traumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT RULE OUT 19a. DATE OF OPERATION	DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c) CONDITIONS CONTRIBUTE SEPSIS 196. CONDITION FOR	NSEQUENCE OF NSEQUENCE OF NG TO DEATH E WHICH OPERA	UT NOT RELATED TO THE TER	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
N OF VITAL R. S.ICIAN: The Ing physicion. certificate has unial-transit per lental Hygiene Item 18 shows	6	NOVEMBER 8,] 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MON		AR 21c. HOW INJURY OCCU		YES NO URY IN ITEM 18 PART I OR PART 2)	
DING PHYS or ottending After this or se as the bur oith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211. LOCATION	CITY OR TO	OWN COUNTY STA	ATE
OR ATTEND thospitol of DIRECTOR: A ched for use ept. of Heol		22b. SIGNATURE	aNOVEMBER 9 or) view the body after death	19 86	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	lote and hour and from the causes state	Nost ed 186
TO HOSPITAL of retoined by the TO FUNERAL Should be detail with the Store LIMPORTANT: If		GEORGE THO	DMAS			ADWAY BAL	AL CORPORATOOM IO., MD. 8X8#X2	2123
	23 o	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STA	ATE
ВР	24 F	Burial UNERAL DIRECTOR	11/15/86	LEast	view Cem.	Balto BY REGISTRAR	County 255 REGISTRAR'S SIGNATURE	
DHMH - 16 60M 7/84 (VRA 15, 4)		lm. C. March E/I	1101 E. Nor	th Ave	2 N	IOV 1 4 1986	Julia Tierdon Penda	4



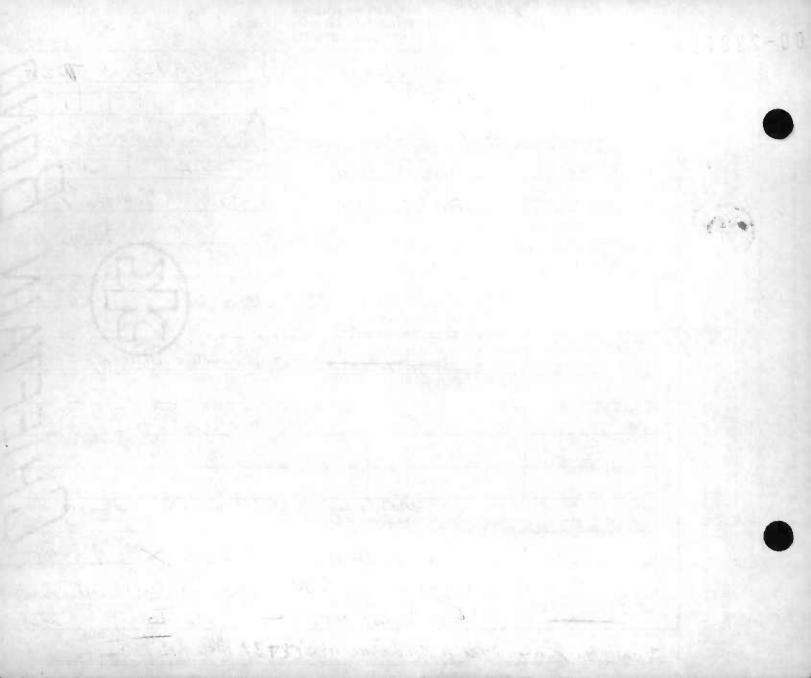
3422	NON I	0186STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
THE WILL			OR PRINT)	FIRST		MIDDLE		LAST		2a. DATE OF D	EATH MONT	H DAY	YEAR	26 HOUR	
noy be poge 3			0	la	M	•	1	larner			11	06	86	7:00 A	
ge 4 mo		3. SE	× Female	4.5	White MONITOR OF WHAT COUNTRY?			3 04 1893 RIED □ NEVER MARRIED □		6. AGE (IN YEARS LAST BIRTHDAY) 93 YRS.			UNDER LYEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.		
eoth. Pog nerol dire	RI		RTHPLACE (STATE OR FOR COUNTRY)	EIGN 7b.						9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City					
s offer di	DC		altimore	1 11.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 4316 Grandview Avenue 21211					12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSewife 12b. KIND OF BUSINESS C					
filled in b	and the second	13a. :	AL RESIDENCE (IF NURSING STATE 13	HOME OR OTH	Baltimore YES 🕱 NO 🗌				13e STREET ADDRESS / ZIP CODE 4316 Grandview Avenue 21211						
red withir	exomine		ATHER'S NAME FIRST Charles	MIDS	Campbell				's MAIDEN NA FIRST Bertha	ME			Smith		
on ond co	medicol		NAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMEI		216-03	SECURITY NO 3-65911	Genvi		Hopkins	RD 1	, Box	2 N.J	. 08028	
quires that the death cert signed by the attending hen please remove carbo to buriol, cremation, or res	jury, or other troumotic e	Z	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUST MYOCANDIAL ZNFANCTON MINUTES DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
n. hos been permit. T	SMO	CERTIFICATION	19a. DATE OF OPERATIO	N	196 COND	ITION FOR WI	HICH OPERAT	ION WAS PERF	ORMED	20a AUTOP	SY? 20b.	IF YES, WE CERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH?	
PHYSICIAN: The ending physicio this certificate I the buriol-tronsit ad Mentol Hygie	or Hem 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRET	JSE OF DEATH EXAMINER)	DEATH HOUR A.M. MONTH DAY YEAR					RRED (ENTERNATURE OF INJURY IN ITEM 18 PART OR PART 2) CITY OR TOWN COUNTY STATE					
LDING or off R. After use as the	2) is morked	W	while NOT WHILE AT WORK 22a. I certify that (I) (II) sow the deceased	nis hospital)	ottended th	e deceosed fr		10 /	19.25	, to	11/6/	. 19 &	6,1	hot (I) (we) lo	
OR he he oche	Z = Fe		22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN												
TO HOSPITAL retoined by the TO FUNERAL should be detailed by the Stote	MPORTANT		B, A. C		An,	wy	1	6 3 26		151 CARD	s Aves	BAZ	n n	1 2/21)	
BP	_	230. BURIAL CREMATION, REMOVAL (SPECIFY) Cremation			236. DATE 11/7/8			CEMETERY OR CREMATORY LOUNT Cem.		23d LOCATION CITY OR TOWN Baltimore			county Marylar		
DHMH - 16 60A (VRA 15, 4			uneral Director Alan Seit:	z, Jr.	3818	8 Rolar	nd Ave.	21211	NOV	- 7 198	00 1	EGISTRAR'S			

1 DECEA	EGISTRAR ASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
TYPE OR	90(5.1)	WIDDLE	LAST	26 DATE OF DEATH MONTH D	
V22.00	Cusetta	(Nove)	WATSON		2 86 6700AM
3. SEX	F	RACE	S. DATE OF BIRTH MONTH GAY 20 1906		FUNDER 1 YEAR IF UNDER 24 HRS.
7a. BIRTH		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County	DF DEATH MD
Ba Ba	or town of DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Masou F. Lond	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 AND OF BUSINESS OR INDUSTRY
USUAL F 136 STA	RESIDENCE (IF NURSING NOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS ZIP CODE	A. Rd. 2/222
FATH OF THE PATH	ER'S NAME	IGGLE LAST	15. MOTHER'S MAIDEN NA		LAST
	DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 2/2-36-9		ADDRESS	Hers A. Rd.
18	CAUSE OF DEATH (Enter anly PART I. DEATH WAS CAUSED	ane cause per line lar (a), (b), and BY:	lies	von arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
and	IMMEDIATE Canditions, if any, which	DUE TO, OR AS A CONSEQUE	1 1 1 1 1 1 1	3	2 mouths
£ £ £ 5 5 C	pave rise to immediate ouse (a), stating the inderlying cause last.	DUE TO, OR AS A CONSEQUE (c) Demen	NCE OF		6 months
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PBP 230 BUR (Sheri	IAL, CREMATION, REMOVAL	23h. DAJE 136 23c	ame of cemetery or crematory	23d LOCATION STYOR TOWN	COUNTY M STATE

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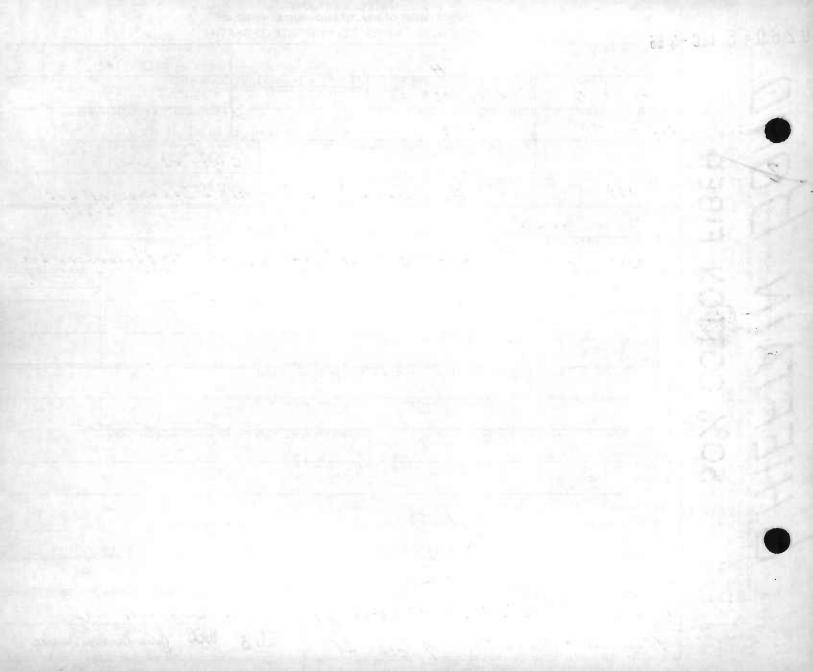


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	page 3		ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR PEOR PRINT) EX 14 RACE 2.4 4 15. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) I FUNDER 1 YEAR IF UNDER 24 HIS
	oge 4 m irector, iors afte		Male BLACK MONTH DAY YEAR YRS. MONTHS DAYS HOURS MIR.
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102	rs offer	2	CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LOSPITAL 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY A INDUSTRY A
AND 21	n 24 hou	130	UNAL RESIDENCE STATE 11 DUNITY 13c. CPT OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP. CODE 2123
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BALTIMORE,	be execu	f 60	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO. 17 INFORMANT ADDRESS
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AL RECO	The low ion. e has be not permit per	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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	4 0 0 0 F		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9/23/86
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	DHMH - 16 60M 7/84 (VRA 15, 4)	24.	FUNERAL DIRECTOR NAME AND HAS PINL 24 ST NO BELVELOSE AVE COT3/ 1986 SUNAN HAS PINL 24 ST NO BELVELOSE AVE COT3/ 1986 SUNAN HAS PINL 24 ST NO BELVELOSE AVE COT3/ 1986



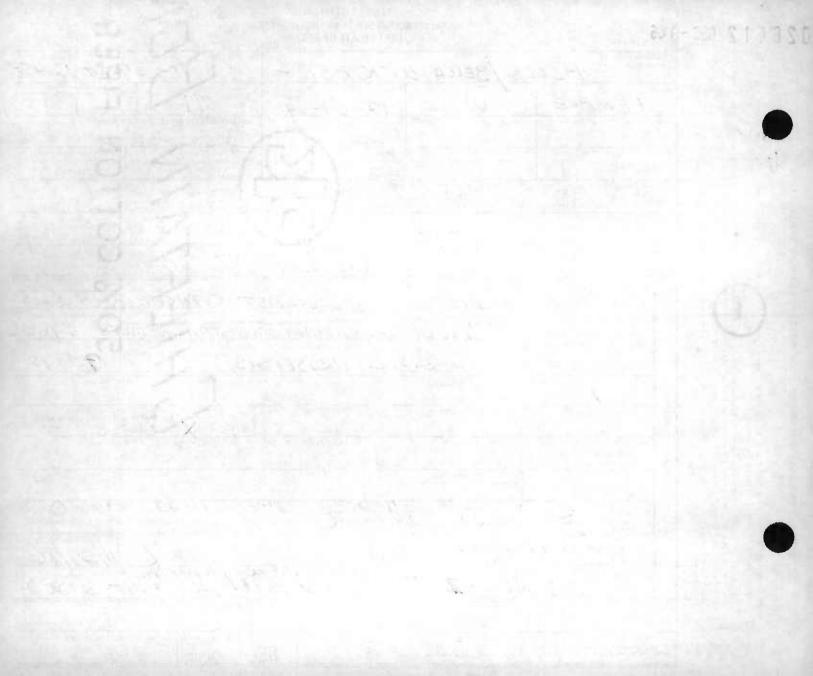
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roge 4 moy	3 SEX	1 RACE Black	5. DATE OF BIRTH MONTH 12 1912	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	FUNDER I YEAR FUNDER 24
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SICIAN: ng phys certifico riol-troi entol Hy item 18	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART LOR PART 2)
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OR ATTENIOR PROPERTION OF ALTERNIOR PROPERTION OF HEM 21 is 1	sow the deceased alive of above, (I) (we) (did) (eld-	pital) oftended the deceosed from 11-12. And view the body after death.	om P-4 19 86 ond that in (my) (our) opinion DEGREE MD ATTENDING PHYSICIAN [death occurred on the date and hou	19 8 . that (1) (we rand from the couses state 22c. DATE SIGNED 11 - 12 - 86
TO HOSPITAL retoined by the TO FUNERAL I should be deto with the State I IMPORTANT: IF	22d PHYSICIAN'S NAME (TYPE D. BO	ERSMA	22e. ADDRESS	- SWEETON - PRINCIPLING	
BP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	11/17/86	Ramison Forest Vet	(Wings Mills	COUNTY ST
DHMH - 16 50M 4/83 (VRA 15, 4)	March Funeral Home	West 4300 WabaSR	Avenue 250 NC	WEGD BY 1986 AR 256 REGIST	RAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO TEDECEASED NAME 20. DATE KNOWN MONTH DAY YEAR (TYPE OR PRINT) OF ESTI-DEATH MATED XX 11-25 19 86 Leonard Webster 6. AGE (IN YEARS IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS 2c. DATE DAY LAST BIRTHDAY 3:30 PRONOUNCED 19 86 DEAD 11-26 a. M To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City, 1690, WIDOWED _ DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 1), NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE 718 N. Carrollton Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13o. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 718 N CANNOLLYON AUS 130 KTIMON 6 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 20-05. OSAN VICGINIATORAL 1313 FO MONDSON AUG 14 W TI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO XX DUL BE FORWARDED TO THE C LOIL ECTOR: PAGE 3 SHOULD BE HITH THE STATE DEPARTMENT MATYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OF TOWN COHNTY STATE WHILE AT WORK Inspection XX 220. I certify that Leak charge of the remains described above, held an Autopsy and in my opinion Inquiry Natural cousts IX Homicide Undetermined monner TITLE TSPECIEVO EXECUTE THE CONTROL OF PAGE 1 SHOULD TO FUNEAUD AFTER DEATH WE MANAGE MA **ACTUAL** Assistant 11-26-86 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE VETGRE WE GUNIAL Cabnasville 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REACHER 256. REGISTRAR'S SIGNATURE DECISION FOR SIGNATURE DECISION FOR THE PROPERTY OF THE **DHMH - 17** Tarrial Dollayer 898 1 9. / mon St (VR A15 ME (5))

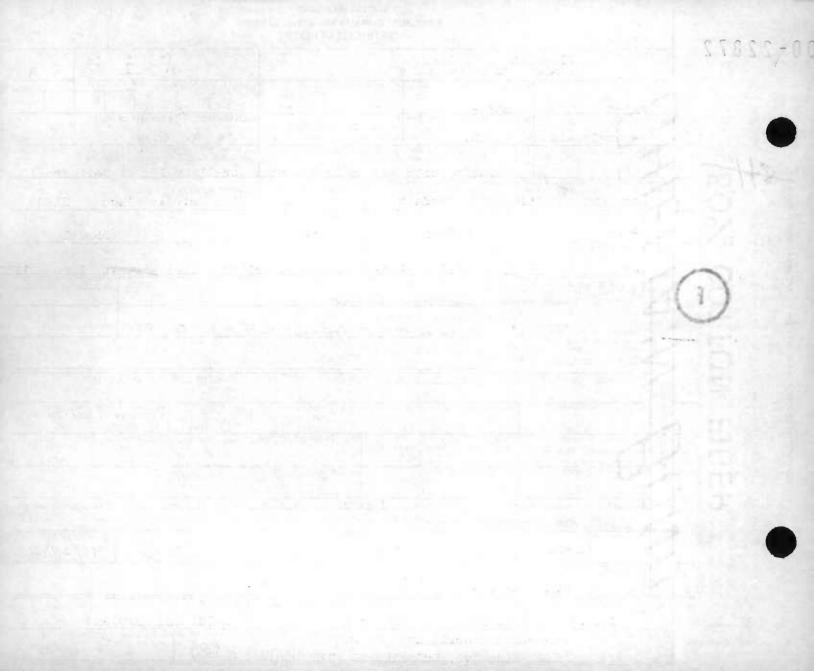


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Poge 4 moy director, po.	8. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 11 25 23 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MONTHS DAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	24 HRS MIN.
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within within d 2 company	FATHER'S NAME FIRST Hiram Welker 15. MOTHER'S MAIDEN NAME FIRST Beatrice Shadel	
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res that the death certificate by the ottending about a please remove recent any or other troum the	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.	
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TTENDE pitol or TOR: A for use of Heal	220.1 certify that (1) (this hospital) attended the deceased from 1027, 19 86, to 11/2, 19 86, that (1) (v sow the deceased glive on 11/2, 19 86, and that in (my) (our) opinion death occurred an the date and hour and from the couses stated above, (1) (we) (dida) did not) view the body after death.	we) last
TO HOSPITAL OR A retained by the hos TO FUNERAL DIRECT should be detached with the State Dept.	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN VICEN PHYSICIAN V	6
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DHMH - 16 60M 7/84 (VRA 15, 4)	Duda-Ruck Funeral Dender of Dundalk 250 Date REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 7922 Wise Ave. Dudnalk, MD 21222 NOV - 5 1986	4



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OUU8 DEC-	1 0	CEASED NAME FIRST	MIDDLE		LAST	REG. No.		2b HOUR
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5 = 5 × 3 ₹4	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
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	24 F	UNERAL DIRECTOR	112/2/00		Park Cemeter		255. REGISTRAR 'S SIG NATU	Maryla
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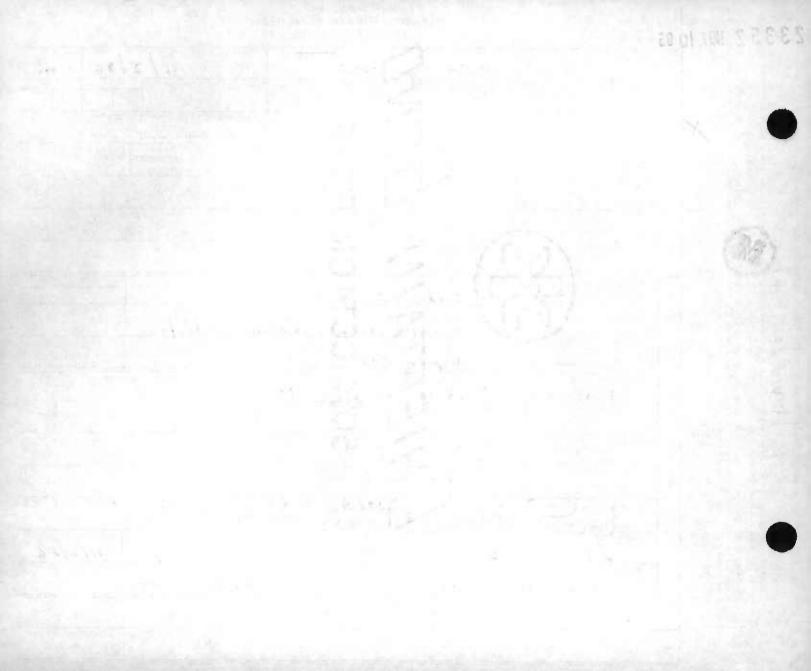
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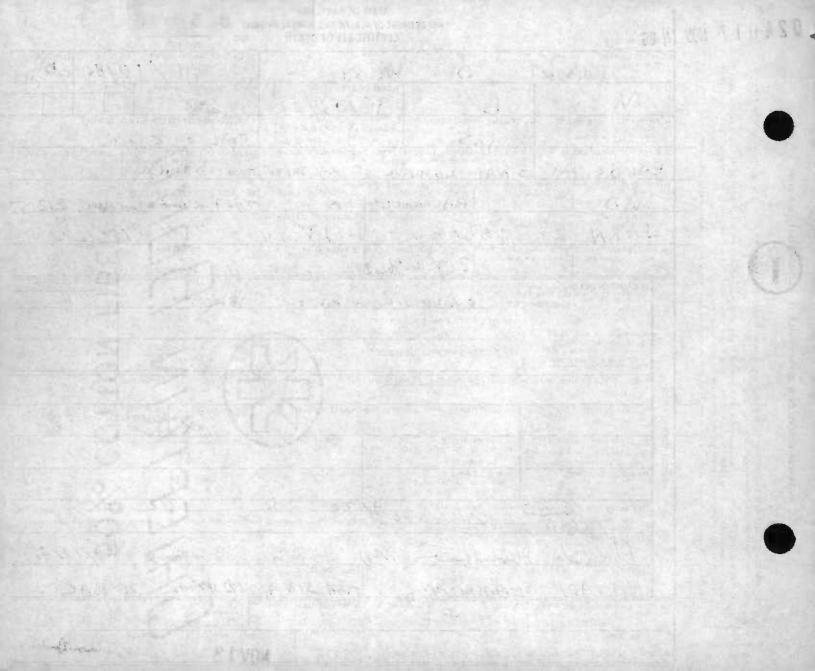
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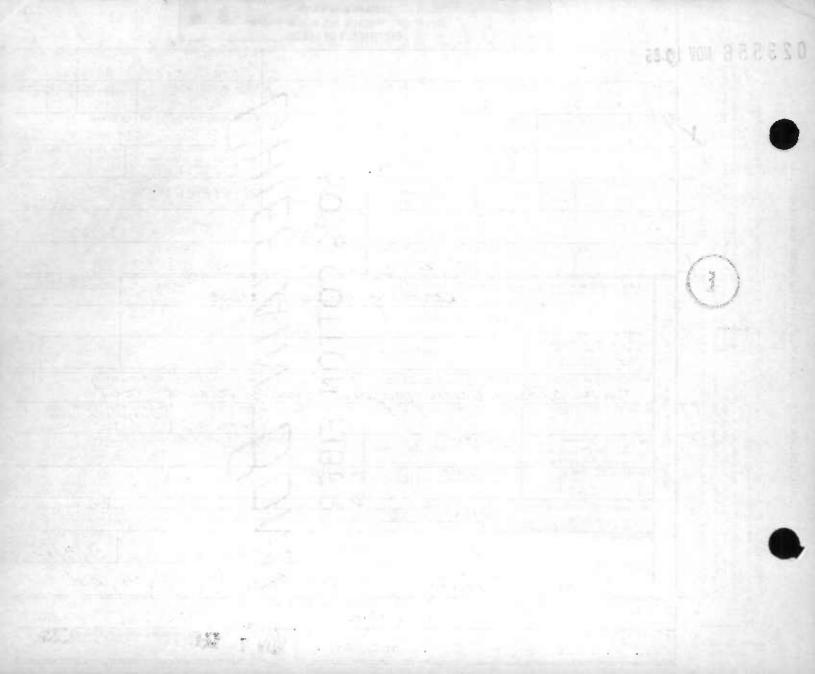


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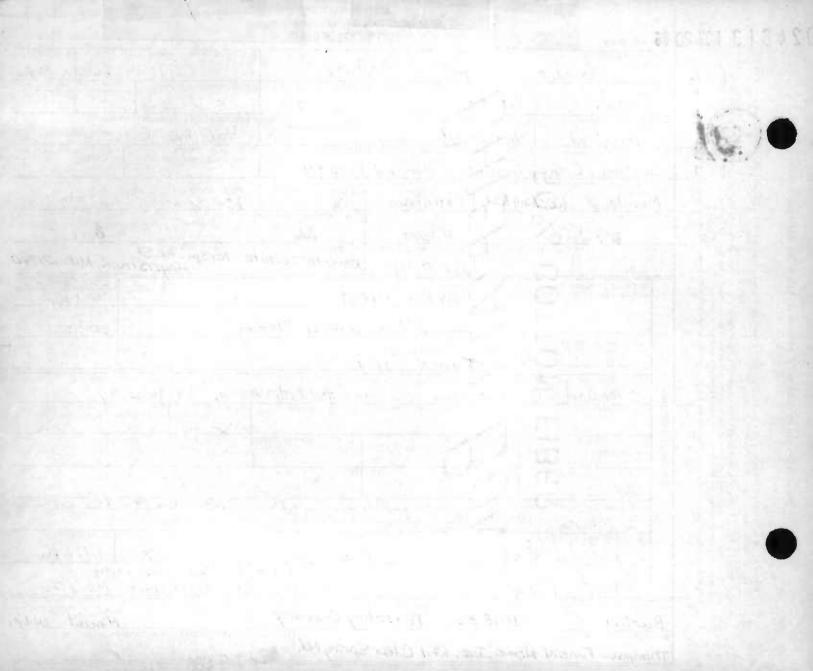
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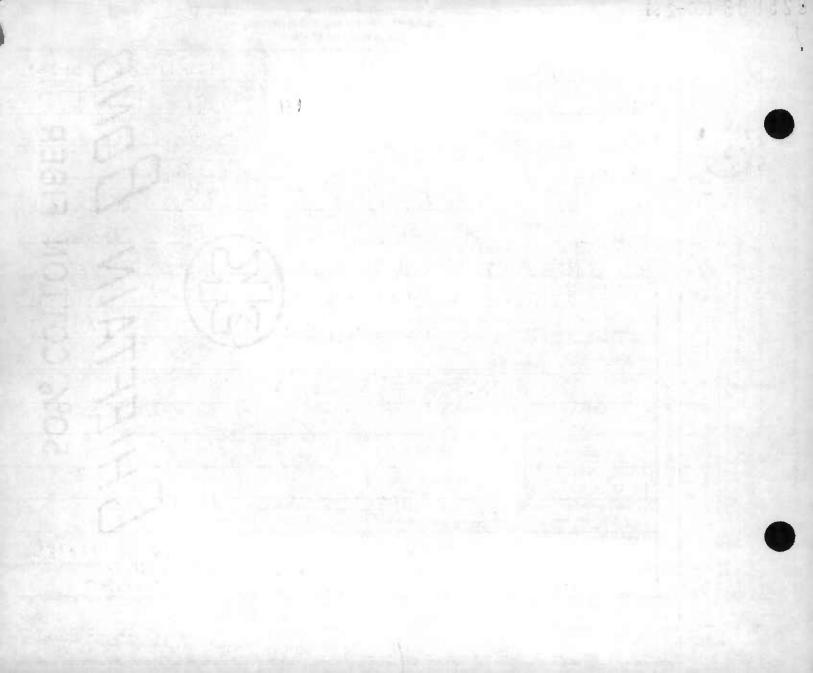


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BP		urial, cremation, removal specify) BIIRTAT.	12ª 2ª 2 86	230 NAME OF CEMETERY OR CREMATORY GARRISON FOREST	OWINGS MILI	
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR NAME A D C U FIINT D A T	ADDI	E NORTH AVE DE	TE REC'D. BY REGISTRAR 216 REG	ISTRANS SIGNATURE



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	TIMORE, MD. 2 FTER DEATH. IF A FORM PM. 3. F SES LAND ESH ION OF VITALR		John		Dennis	Whi	te, Sr		Doris	RST		MIDDI	LE		Henso	nn
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER PEATH. IF ANY E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND: WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 31. RETA PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES LAND & SHOULD STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECO			tating the under-	1	AS A CON	ISEQUENCE (OF	241	9						
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2	23a. P		ION, REMOVAL 2			NAME OF CE			DRY		CATION				
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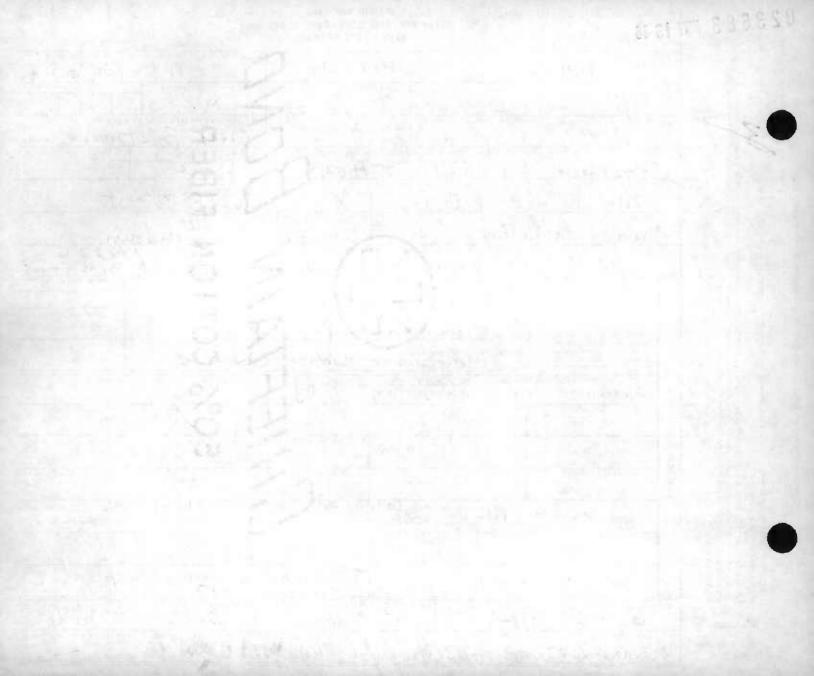
STATE OF MARYLAND

023683 NO	12	FOR SOME REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	3 3 4
4 ne		CEASED NAME FIRST	MIDDLE	WHITLEY	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR & / 86 6:31 HM
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22 hours) Ila	AL RESIDENCE (IF NURSING HOME C		TOWN 13d. INSIDE CITY LIMITS?	13e.STREET, ADDRESS / ZUP CO	9 st. 21218
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and physic semonal removal		PART I. DEATH WAS CAUS	only one couse per line for 101, (I ED BY: ATE CAUSE (a)		- Learne	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING PHYSICIAN: The low requires that the death certificate be secured—thin 21 haurs of the this certification. In the this certificate has been signed by the attending physical and amplitudy filled in by she buried-transit permit. Then please remove corbiningles. From Land 2-should bit this hand Mental Hygiene prior to buried, cremation, or removal. Orked or Item 18 shows any injury, or other traumatic event, the medical examinements.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	moma of	chicase	
requires the signed Then pled in to buriol injury, or	NOI	PART 2. OTHER SIGNIFICANT Hepahc	ence phale	o to death but not related to the ter	MINAL DISEASE OR CONDITION C	GIVEN IN PART 110
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TTEND or USE of Heal		sow the deceased alive a above, (I) (we) (did) (did n	oitol) ottended the deceased f n	19 6, and that in (my) (our) opinion	death occurred on the date and h	
0 0 0 70		276 SIGNATUR		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be detoined to with the Store !		22d. PHYS II AMB (TYPE	DESA	Baltima	ne MP	Hespila!
BP	23a	SURIAL CREMATION REMOVA	1 11-6-86	231 NAME OF CEMETERY OF CREMATORY	23d LOCATION CHIVE BIOWN	COUNTY med STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
100 1 0 1986 Julia Verida D



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 2b HOUR 86 OVEMBER 8:20 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Spot Welder INDUSTRY Gen. Motors 13e.STREET ADDRESS / ZIP CODE 413 LaClair Avenue 21090 WIDDIE Pierson ADDRESS Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

Novemberlo November 1 19 86 ond that in (my) (our) opinian death occurred on the date and have and from the causes stated

22c. DATE SIGNED

Union Memorial Hospital

23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 11/6/86 Burial BIUE Knob Pierson Family Cem.

24. FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Bwy Balto Md 250, DATE REC.D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

025027 NOV-2 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED NAME 7b HOUR November 23. 1986 Widra Minerva P. 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER ! YEAR IF UNDER 24 HRS 1.5EX 0ctober 14, 1909 HOURS Female White MENTAPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED ANEVER MARRIED City USA Maryland WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Good Samaritan Hospital INDUSTRY Homemaker Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Bal timore 13b COUNTY 13d. INSIDE CITY LIMITS? 6011 Edna Avenue 21214 Md. YES A 15. MOTHER'S MAIDEN NAME A FATHER'S NAME Myer George Arthur Daisy Croft 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 219-20-5331 Mr. Jerome C. Widra Same no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per ine far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Atherseleroti DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21h TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased fram 11/10 saw the deceased alive on and that in (my) (cor) apinion death occurred an the date and haur and fram the causes stated abave, (1) (we) (did not view the bady after death 22c DATE SIGNED MEDICAL ATTENDING M DIRECTOR PHYSICIAN Good Samaritan Hosp. Baltimore, David Goldsheer 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Nov. 26, 1986 Burial Gdns. of Faith

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland Baltimore

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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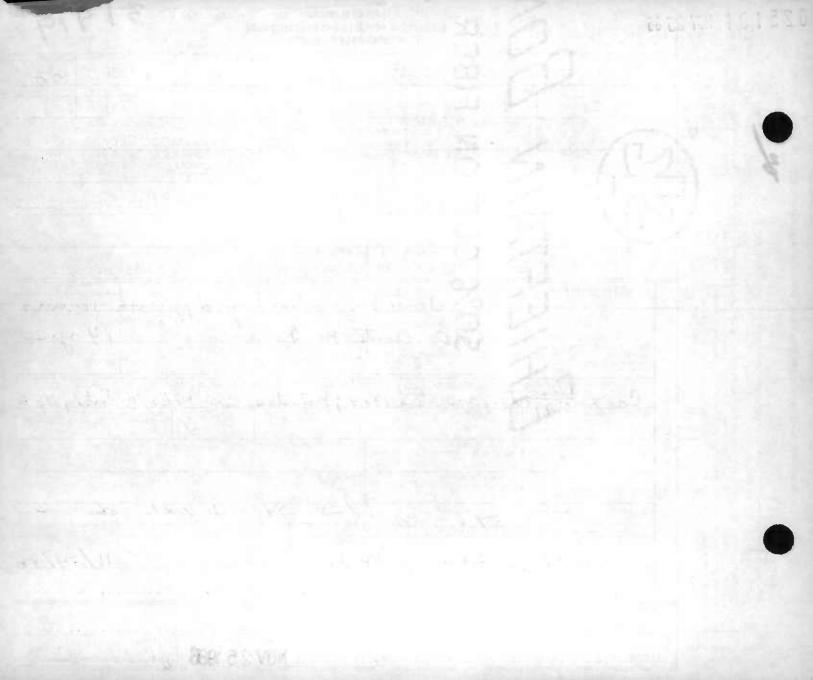
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ALD YOUNG		IRTHPLACE (STATE		76 CITIZEN OF WH		YRS.				E CITY OR CO	1 12 19 86) PM
NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET.	FC	PREIGN COUNTRY)		USA		MARR	NEVER A	ORCED		_		
ZD W	10. C	ITY OR TOWN OF	DEATH		PITAL, NURSING HO				UAL OCCUPATI	more Ci	ORK 126 KIND OF B	
LAST O	R	altimore			CILITY, GIVE STREET ADDRE			FOR	MOST OF WORKING	LIFE)	Beth lehen	PSteel
THE SAME	USUA	AL RESIDENCE (IF	IN NURSING HOME C	OR OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE ADM	AISSION)	1					
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BALTIMORE, MD. SS AFTER DEATH. IF GOVE PAGES 1, 2, ITH FORM PM 3. PAGES 1 AND P.S. VISION OF WIALL	L "	Yes	(IF YES, GIVE	WAR OR DATES)	230-22-653	0	Catherine	Wilks	3659 Wa	abash Ave	nue	
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S EXA				(c)				3.7/4		- Control of the Cont	M. Autor	
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AL SEP	PICA	198 DATE OF O	EKATION	196 CONDII	ION FOR WHICH O	PERATION W	VAS PERFORMED?				20 AUTOPSY	
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NO SERVICE SER		22s i certify t	hat Jeogk sharp	e of the remains des	cribed above, held o	n Autop	- managements	ection,	Inquiry	, and in m	y apinian	
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PAGE EXECTED TO	23a. B	URIAL CREMATIC		23b. DATE	Izar NAME OF	CEMETERY C	OR CREMATORY	73d. LC	OCATION			
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25M BP		UNERAL DIRECTO					25e. D		Y REGISTRAR 2	56. REGISTRAR	'S SIGNATURE	
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932 NOV:	25 7	FOR STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND BEALTH AND MENTAL H FICATE OF DEATH	HYGIENE	8 6 REG. N	o.		1 8
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Burgee-Henss Funeral Home, Baltimore, MD 21211

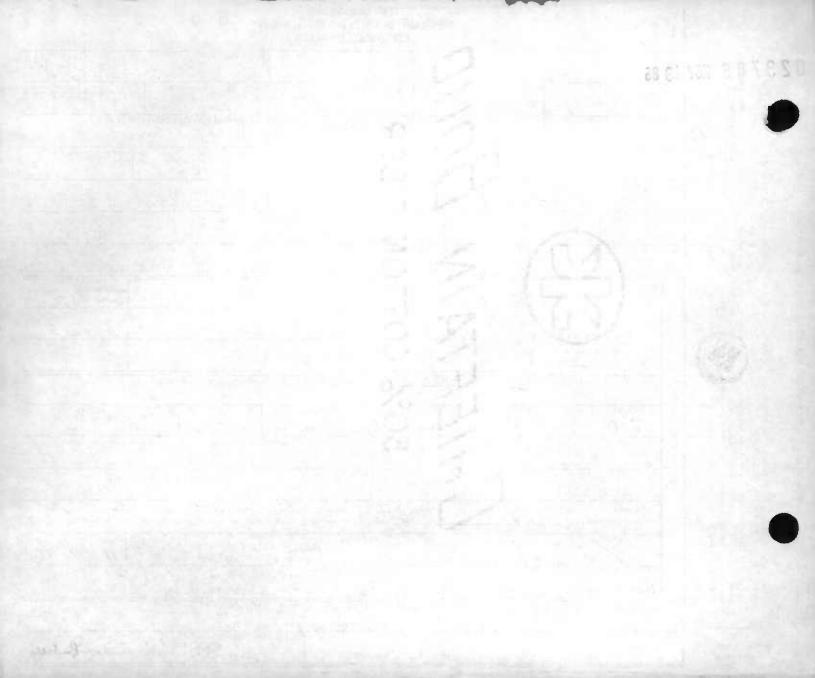
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w requires that the death in the death in the seen signed by the ottending. Then please remave confrort burial, cremation, any injury, an other traumoting.	ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS	EOUENCE OF PORT BUT		Mrity MINAL DISEASE OR CON 1200 AUTOPSY?		53	
The law cron. re has b	CERTIFICATION					YES X NO	IN CERTIF	YING CAUSES	
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TO HOSPITAL OR ATTENDING etained by the hospital or att TO FUNERAL DIRECTOR: After should be detached for use as it with the State Dept. of Health o		Bettina	ital) attended the deceased in November 3. It view the bady after death. A. Oul FRINTI	an. 1	nd that in (my) (aur) opinion DEGREE ATTENDING	MEDICAL STAI	ate and have	22c. DATE	
P = P = 3 ≤ F	E	BURIAL, CREMATION, REMOVAL	23b. DATE 11-10-86	23c NAME OF C	EMETERY OR CREMATORY HILL	ANNE AF	U ND	EL	MD ^S
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U	2	30 Aou	fer death	N(
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death stage 4 may be retained by the haspital or aftering physician.	TO FUNERAL DIRECTOR. After this certificate has been significantly and an incompletely filled in by the fune of director, page 35 should be detached for use as the businistransis permit. Then with the State Dept. of Health and Mental Hygiene prior to be	IMPORTANT: If them 21 is marked at them 18 shows any injury of the formulation of examiner must be hartfield of ances.
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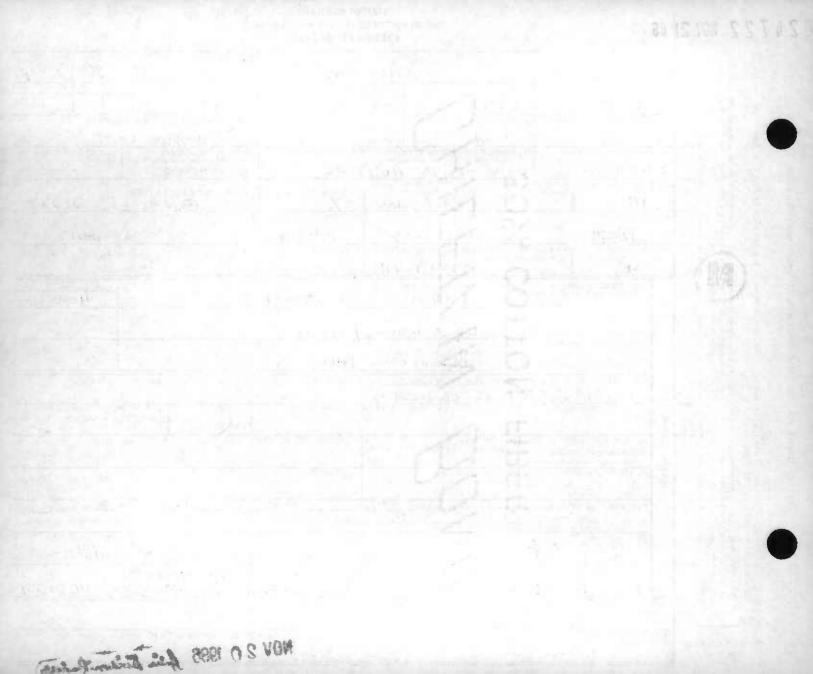
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0 -			EASED NAME	FIRST	M	IDDLE	· i	AST		2a. DATE O	F DEATH	ONTH DA	AY YEAR	2b. HOUR
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by the fu		1	ry or town of DEA Baltimore		128 S.	OSPITAL, NURSIN FACILITY, GIVE STREET Patters	on Pk		TUTION	(TYPE OF WOR	occupation for the dent			OF BUSINESS OR
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hos hos hed hed hed ept.	E e		Th SIGNATURE		1//			DEGREE					22c. DATE	
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of of of shapes	ξ -	23a E	URIAL, CREMATION, I		23b DATE		NAME OF C	EMETERY OR C		23d. LOC	ATION	/		
BP		(specify) Burial		11-10						ORTOWN	- 01	COUNTY	STATE
			INERAL DIRECTOR		11-10	7-00 I Ud	r Ldw	n Cemet			1timor REGISTRAR 2		AR'S SIGNAT	
DHMH - 16 60M 7 (VRA 15, 4)	7/84		John M. Wei	ber &	Sons, IN	IC. 401 S	. Che	ster St		V12	1986			-Rudace



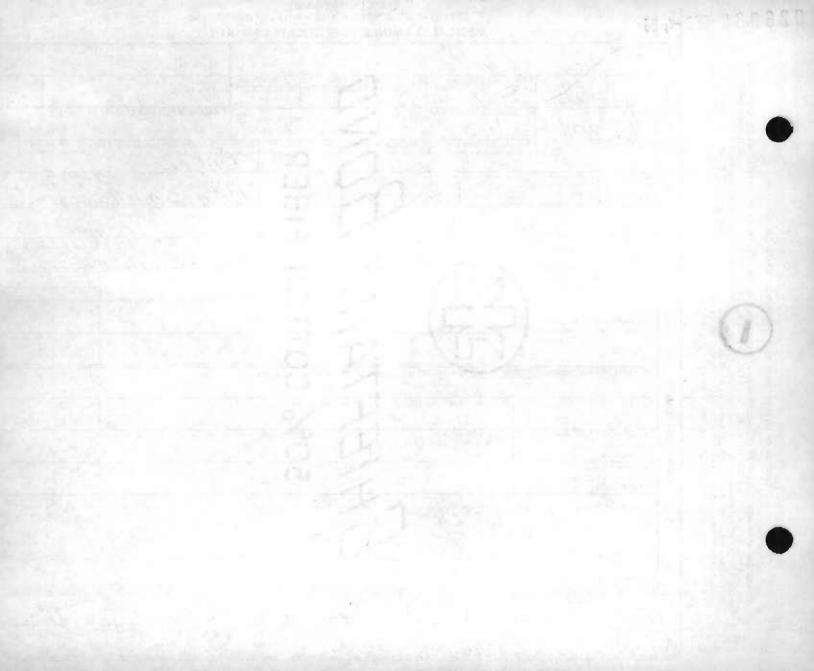
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noy be poge 3 r death	1. D	ECEASED NAME FOR PRINTING	14. RACE	Wi	MIAMS OF BIRTH	REG. NO 20. DATE OF DEATH N 6. AGE (IN YEARS LAST BIRTH	1 17 86	26. HOUR 11.10 A IF UNDER 24 HRS
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on ond cost. Poget	160	WAS DECEASED EVER IN U {YES, NO OR UNKNOWN} {IF	YES, GIVE WAR OR DATES)	DCIAL SECURITY NO. 18-22-1317	Earlean Sm:	ADDRES	lon SAve	IMATE INTERVAL ONSET AND DEATH
DS, 201 W. PRESTON ST., BAI quires that the death certif, the signed by the attending physici hen please remove carbonappes to burial, cremation, ar remaval, ijury, or ather traumatic event, th	NO	Conditions, if ony, wh gove rise to immedicouse (a), stating underlying couse la	DUE TO, OR AS A ich (b) ote the DUE TO, OR AS A	CONSEQUENCE OF	A cuts U Thenioscler IT NOT RELATED TO THE TERM	My accordish		house
TALRECOR	CERTIFICATION	19a DATE OF OPERATION			ON WAS PERFORMED	YES NO	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES []	
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BP		BURIAL, CREMATION, REM (SPECIFY) Burial	OVAL 23b. DATE 11/24/86		cemetery or crematory vary Cemetery	23d LOCATION CITY OR TOWN Brooklyn,	A.A.C. Md	STATE
DHMH - 16 60M 7/84 (VRÁ 15, 4)	24	Charles A. R	ice Funeral Se	ADDRESS PPA. 1300	110	IV 2 1 1986	Sh REGISTRAR'S SIGNAT	0 -

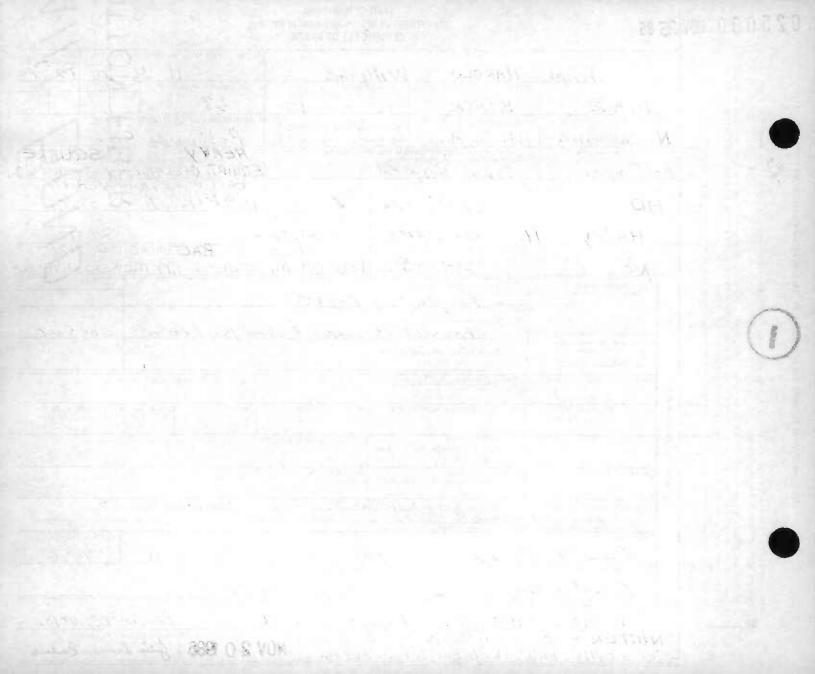
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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nay be page 3	(IAM)	GEONGE		NILLIAMS	11 11	86 247
pog pog	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
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with with	14 F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	TAST
	-	TASPEN	WILLIAM	15 FANNIE	HUDDEL	SANDENS
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or the series of the other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE			
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ws per report	I E					YING CAUSES OF DEATH?
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phys phys fifico fitro ol Hy	/	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH D	AY YEAR		
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21 25 25 25		saw the deceased alive o	11 19	Man, and that in (my/(aur) apinian	death accurred an the date and hou	
OR AI DIRECTOR Doched for them of them of		22b. SIGNATURE	nat) view the body after death.	DEGREE		22c DATE SIGNED
toch DE		11+5 16	1	A M ATTENDING	MEDICAL STAFF	11/1/86
ERAI State		22d PHYSICIAN'S NAME (TYPE	E OR PRINT)		DIRECTOR PHYSICIAN	1
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TO HOSPITAL retoined by the TO FUNERAL should be determined with the State I IMPORTANT: If			ESTER		BNG ST. BAIDMO	WE WO 3190
F 5 F 5 / 3		BURIAL, CREMATION, REMOVA	AL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Remova1	11-14-86			STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
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UZb	068 DEC	12'	FOR	DEPARTMENT	OF HEALTH AND MENTAL H	YGIENE	l Ca
	0 0 0 0 0 0	1.5	REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE O	F DEATH REG. NO.	
		1. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN AND	NTH DAY YEAR 26 HOUR
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	ASE DRS EET,		JAMES	В.	WILLIAMS	DEATH MATED	11 29 19 86 M
	あいますま	3. SE	X A RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER		24. 1100K
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	S A S S S		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	9. BALTIMORE CITY OR COL	JNTY OF DEATH
	S NECESSARY, PLEASE FEUNERAL DIRECTOR. E S FOR YOUR FILES. E), WITHIN 72 HOURS I W. PRESTON STREET,	16	Alto Ind	11.5.H.	WIDOWED DIVORC	Baltimore Cit	ty MD.
	AND BELAY IS NE AND 3 TO THE FUN PREES S HEOLOGY S WILLED, WHEOLOGY S WILLED, WHEOLOGY S WILLIAM PRECEDES S	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	OME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WO	
	FESES			(IF NOT IN SUCH FACILITY, GIVE STREET ADDR	ESS)	FOR AST OF WORKING LIFE	OR INDUSTRY
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5	00000	16a. \	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	2/223
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	: 888 ≥ 0		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PAL SERMI		PART I DEATH WAS CAUSED	BY: Hypertensiy	e & arteriosclero	tic cardiovascular	
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- 3	ZZ WIN		Conditions, if any, which	BOL TO, OK AD A CONSEGUE!			
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	MINER: THIS CERTIFICATE SHOULD BE EXECUED IFFICATE, WRITING THE WORD "PENDING" IN ELECATE, PROWARDED TO THE CHIEF MEDICAL EXCEOR; PAGE 3 SHOULD BE USED AS A BUPLAN H THE STATE DEPARTMENT OF HEALTH AND PROMANY LAND, 21201 PRIOR TO BURIAL, CREMATION OF PE			of the remains described obove, held	on Autopsy , Inspection	V	
	EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE	150	/ / /	// []			yopinion
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	MEDICAL E ECUTE THE GE 4 SHOU FUNERAL TER DEATH,	1	EXAMINER'S NAME Char	les P. Kokes, M.D	111 r	onn Ct Palta	MD 21201
	S O O O O O O O O O O O O O O O O O O O				• ADDRESS III P	Penn St., Balto., i	MD 21201
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STILL BALTIMORE, MARYLAND, 2	23a.8	URIAL, CREMATION, REMOVAL 23	b. DATE 231 NAME OF	CEMETERY OR CREMATOR	23d. LOCATION	COLINAY (SEATE /
07/8			BURIAL	2-4-86 Meh.	Tus Mem. TARK	Ballima	Co. Thd.
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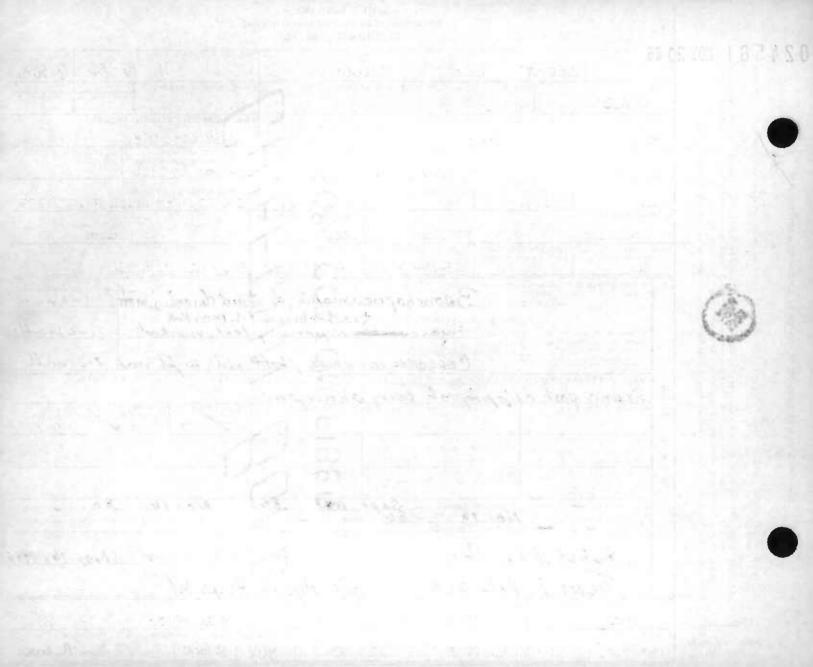




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(1)		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARDIA C ADDEST									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SMINUTES	
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The Owner of the Street of the	CERTIFICATION	190. DATE OF OPE			DITION FOR WHI	CH OPERATIO			YES NO	IN CERTIF	S, WERE FINDIF YING CAUSES S	
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TTEN pitol TOR: for us of He			osed olive on	· ·	the deceased from	- <u>VC</u> , or		, 19_ &6 (our) opinion	death occurred on the	ne dote and hou		that (I) (we) last causes stated
by the has by the has seal DIREC		226 SIGNATURE Char Bon						ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				
TO HOSPITAL retained by th TO FUNERAL should be der with the Stote		22d. PHYSICIAN'S	EUA	PRINT)	SARR		JOHNS H	S DEPAH HURKINS WOLFE	LTMENT OF			7,21205
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FIRST SACIETY 1-126-12 DAMISHUSOUS

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nay be page 3.		(1117)	KOBER	2T 1	EE	WII	LLIAMS		11 16	86	6:50 Am	
mo)		3. SE	x	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS	
ge 4 ector		1	MALE	White		Apr		56	YRS.	THS DAYS	HOURS MIN.	
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wit to	2/1	10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND O	F BUSINESS OR	
s of by the	1	B	altimore /		t. Agnes		tal	Systems An		INDUSTRE		
hour be f	2/1	USU.	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS				
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tely 2 sy	A MS		ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	LCUCLIC	IX IXU	21223	
a ple	E5/	Y	William	WIDDLE	Williams		E11a FIRST	MIDDLE	Ra	uman	T	
e o c	3 /	16q, V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE		unan		
o o o	Por	1	YES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	212-28-3	217	Lee Williams	E200 014	Dan Jami	~l- D-I		
ion rs.	2		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE				Thee WITIIams	5200 Old	rrederi		MATE INTERVAL ONSET AND DEATH	
requires the ten signed by t. Then please or to burial,	injury, ar at	NOIL	underlying cause last. PART 2. OTHER SIGNIFICANT STATUS POST	CONDITIONS C			PARCES, Lef NOT RELATED TO THE TERM ON ELVYSM'	HALDISEASE OR CON	OITION GIVEN	IN PART 10	month	
he low on. hos be permi	lows ony	CERTIFICATION	190 DATE OF OPERATION	16. COND	DITION FOR WHICH	OPERA 10	N WAS PERFORMED	200 AUTOPSY? YES NO YES NO YES NO				
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RECTOR: A red for use rpt. of Healt	m 21 is mo		270.1 certify that the (this has saw the deceased alive above, (1) (wo) (did) (did) (27b. SIGNATURE	n Nov	16 19		nd that in (my) (ex-) apinion of DEGREE		16, 19 te and have an	d from the		
0 0 0 0	¥ =		Bert.	7 mos	rton		ATTENDING PHYSICIAN	MEDICAL STAF		Noc	16, 198	
retoined by the TO FUNERAL I should be deto	IMPORTANT		BERT	E. Mo.	RTON		St-Agnes	Hospe das	/			
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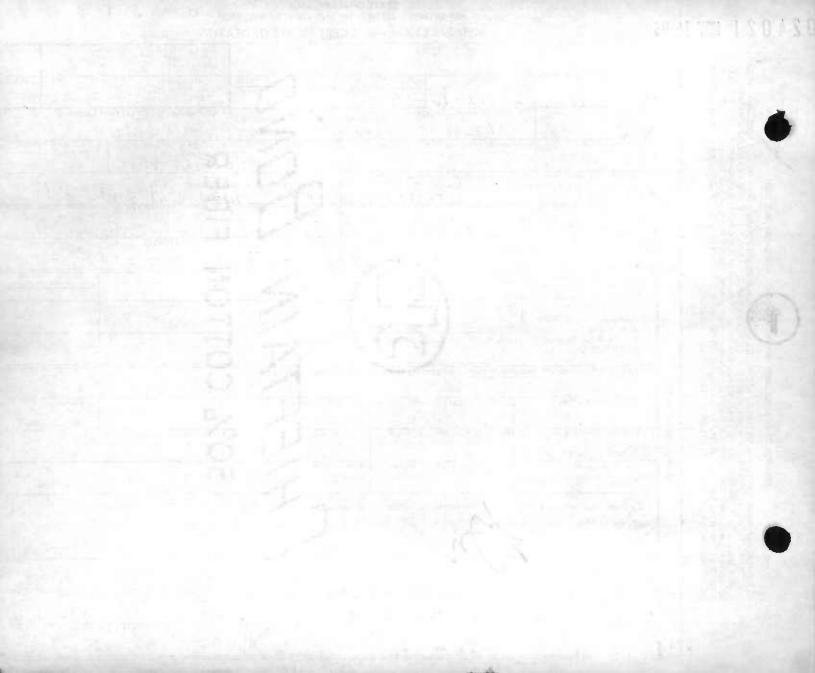
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to od	1 5E		4. RACE		5. DATE C	F BIRTH	6.	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE			
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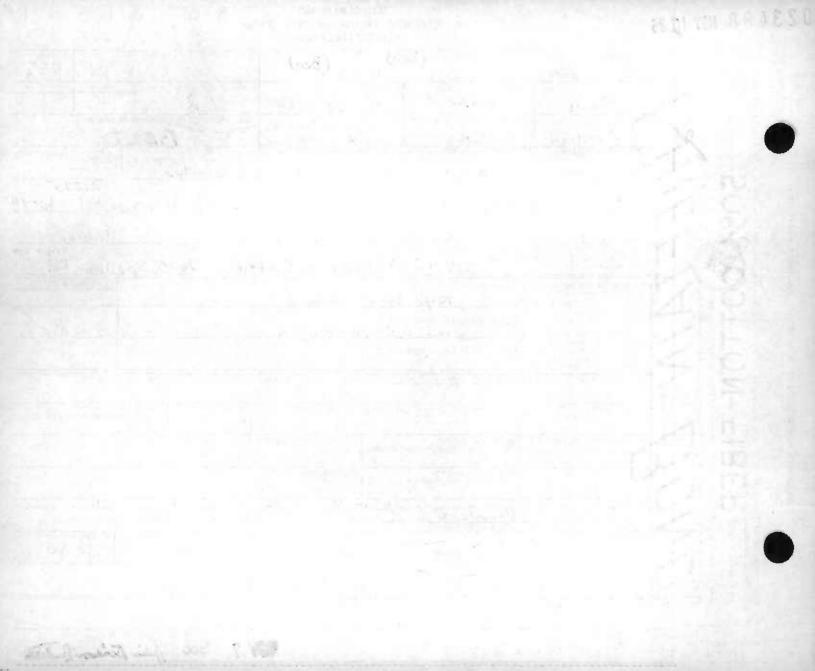
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ALT	IRS AFTER S. GIVE PA WITH FOR PAGES I DIVISION	1	NO	240-54-1961 SUSAN JONES 1818							E. 29"St.		
-			18 CAUSE OF DEATH (Enter on	y ane cause per line fo	ar (a), (b), and (c).)		2.			BEI	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH	
-	IN ITEM 1 N ITEM 1 N ALONG ISIT PERMI HYGENE, MOVAL		PART I DEATH WAS CAUSED IMMEDIA	E CAUSE (a) Ar	terioscler	otic c	cardiovasc	ular dis	ease				
1 10	A PIC PIC			DUE TO, OR A	S A CONSEQUENCE	OF				- 42			
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DIVISION OF VITAL RECORDS	EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH THE STATE OF THE WORD "PENDING". IN PENDING THE ADDREST OF THE CHIEF WEDICAL EXAMINER ADDREST OF THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGEN WARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	1	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE O	R CONDITION GIVEN IN PAI	R1 1 (a),					
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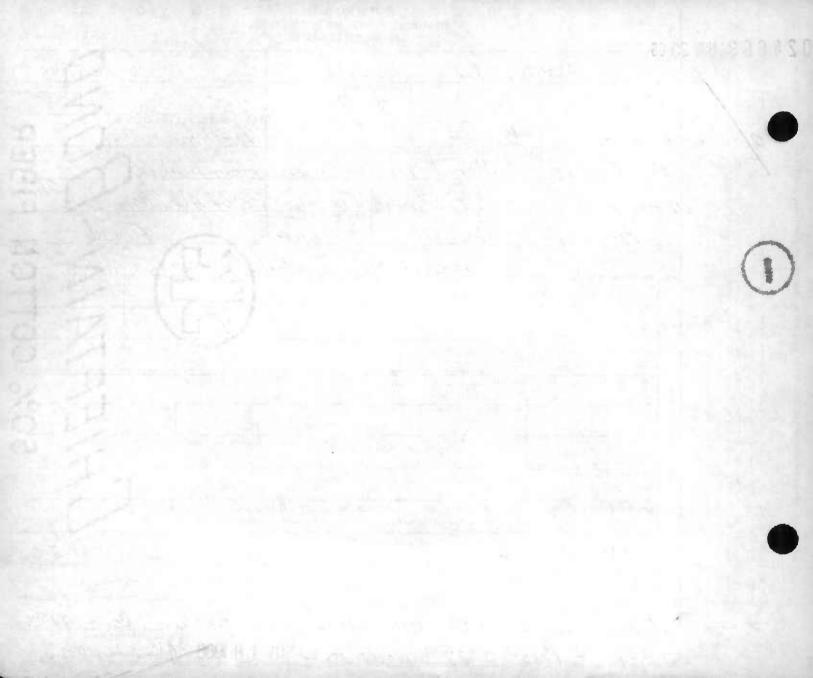
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AND	13a. S	TATE	13b. COU	NTY		ORTOWN		13d INSIDE C		13e. STREET AL						
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201 W. PRESTON ST., BALTIMORE, MD. UTED WITHIN 24 HOURS AFTER DEATH. IF IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, EXAMINER ALONG WITH FORM PM. 3. RIAL-TRANSIT PERMIT. PAGES Y AND 2-SI D MENTAL HYGIENE, DIVISION OF VITAL ON, OR REMOVAL.	TICE.	ATHER'S NAME		WIDDLE	111	LAST		15. MOTHE	ER'S MAIDE		MIDDLE	LAST				
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DIVISION OF VITAL RECORDS, 2011 VITAL RECORDS, 2011 VITAL SHOULD BE EXECUTED STRING THE WORD." PENDING" IN PROPER TO THE CHIEF MEDICAL EXAMED THE CHIEF MEDICAL EXAMED THE OF HEALTH AND MEDICAL STRING TO BURIAL, CREMATION, CONTROL OF RECORDS.		PART 2 OTHER ST	GNIFICANT CONDITION	NS CONTRIBUTING ID DEATH I	UT NOT REL	ATED TO THE TERM	INAL DISEASE	DR CONDITIO	N GIVEN IN PAR	T 1 (a).						
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EXAMINER: CERTIFICATION LID BE FOR DIRECTOR: MARYLAND		220. certi		rge at the remains desc	ribed abo	ove, held an	Autap		Inspection	III. Inq	Juiry L.	and in my api	inian			
WE SEE	10	death result	ed from: Nat	tural causes X.	Accident	L, Su	icide 🔲	, Hamid	tide 🔲	Undetermine	d manner L					
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DHMH - 17 (VR A15 ME (5))		Chan	A D4 7	ADDRESS		TD 1		56.0	DEC	1 198			17-12-			
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23488 NOV 1	788	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6	3 9 3
		CEASED NAME FIRST	WIDDLE	Ben) LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
nay be page 3	(TYP)	Mary	C.	willis		11 6 86 920
poor de de	3. SE		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
Page 4 in	1	Fémale	Black	MONTH 22 1924	62	YRS. DAYS HOURS MIN.
de oth Pe		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maylard	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED MOVORCED	BALTIMORE CITYO	R COUNTY OF DEATH 3027 MD.
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AND 212	130		OTHER INSTITUTION, GIVE RESIDENCE BEFO TY 13c. CITY OR TON	VN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE 2/225
MARYL mithi	0	ATHER'S NAME FIRST A William	AIDDLE CUST	15. MOTHER'S MAIDEN NA FRST Carril	WE	Hoskiys
IMORE,		WAS DECEASED EVER IN U.S. ARA YES, NO OKUNKNOWN (IF YES, GIVE	AED FORCES? 166. SOCIAL SEC WAR OR DATES) 218 -12	urity no. 17 INFORMANT -2973 Carrie Cu	ffie 260	mpr in
ON ST., BAL		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATI	1000	atory failure		APPROXIMATE INTERVAL BETWEEN ONSE PAND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN; The low requires that the death certificate be executed within 24 hours of other this certificate has been signed by the attending physician. After this certificate has been signed by the attending physician has been signed by the other physician or removal and a state of the physician has been signed by the other physician or removal and the physician has been signed by the other physician has		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b) Small DUE TO, OR AS A CONSEQU	Cell Carcinora		Snorth
RDS, 20 requires the signed Then ple injury, a	NOI	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing</u> to	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN IN PART 1101
TAL RECOR	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ON OF VITA HYSICIAN, TH ding physicia sis certificate buriol-tronsit Mental Hygier Annual Hygier		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH		DAY YEAR 19	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART 2}
DIVISION DING PHYS or ottendin After this e e as the bur ofth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
TTENDI pital or TOR: A for use of Heal	K	220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not	al) attended the deceased fram.	86, and that in (my) (aur) apinian	taO & G	, 19 66 , that (I) (we) last ite and hour and from the couses stated
SPITAL OR A de by the hos NERAL DIRECTOR CONTRACTOR DIRECTOR CONTRACTOR CONTRACTOR DEDITOR TANT. If them		22b. SIGNATURE	a fight	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 1220. DATE SIGNED
TO HOSPITAL TO FUNERAL should be detre	1		hy A. Tyganl	220. ADDRESS Sort Na	It Ger Hos	P-
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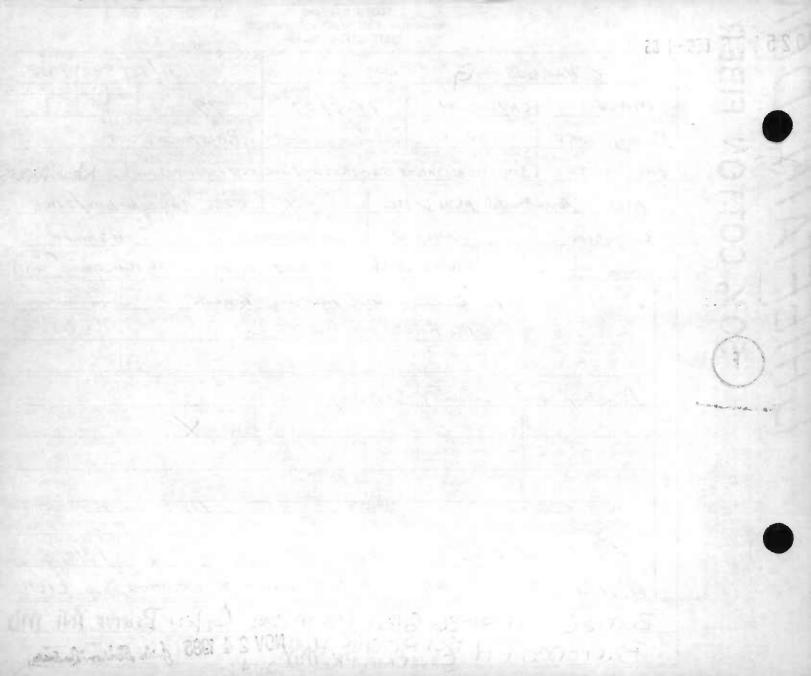
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH **AREGISTRAR** REG. NO. DELEASED NAME 20. DATE OF DEATH MONTH 2h HOUR JIMPE CORPRINTS ALMA MEZJIN 4. RACE I. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DESCRIPTION FOR KIND 7b. CITIZEN WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH DIVORCED WIDOWED II. NAME 126. KHOO OF BUSINESS OR IF MURSING HOME OF OTHER INSTITUTION HIS COUNTY 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MEIDLE S. ARMED FORCES? **ADDRESS** 17 JNFORMAN1 IYES, NO OR UNKNOWN ME YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DNEMMONIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate course is stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 THE DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STREET COUNTY AT HOME STREET FACTORY, OFFICE FARM ETC 1 NOTWHILE 22a I certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an ____/_ ~ / O abave, (1) (we) (did) (did nat) view the bady after death 19 8 6 . and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MEDICAL DUNT 230 BURIAL CREMATION, REMOVAL 23b. DATE DHMH - 16 60M 7/84 (VRA 15, 4)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	RTIFICATE SHOULD BE EXECUTED THE WORD "PENDING". ID TO THE CHIEF MEDICAL B. SHOULD BE USED AS A BURIL PROPERTY OF HEALTH AND PRIOR TO BURIAL, CREMATION	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEAT	H BUT NOT RELA	TEO TO THE TERM!	NAL OISEASE	OR CONDITION	GIVEN IN PAR	RT 1 (a).						
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	E, WRITI RWARDE PAGE 3 STATE D	-	AT WORK	AT WORK	r	oad			thern	Ave.	. & , F	Balto					MD_
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the fu) c ဂ	TY OR TOWN OF DEATH	(IF NO	T IN SUCH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION	F WORKING LIFE) INDUSTR	O OF BUSINESS OR
ours of file	6	ALTIMORE AL RESIDENCE (IF NURSING				NEUR HOSPICA	c News PAPERT	elivergam.	Jewspayers
ND 21	13a	STATE	In county	13c CITY OF		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE GILRUAD AVE	E/21108
thin thin	14 F	ATHER'S NAME				15 MOTHER'S MAIDEN NA		,	/
MAR ond		CHAPLES	WIDDLE	WI	LSON	MARGAR			IMAW
or cecu		VAS DECEASED EVER IN	U.S. ARMED FOR		SECURITY NO.	17 INFORMANT	ADDRE		m. Hersville
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ALT COO		18 CAUSE OF DEATH	Enter only one cou	se per line for 10), (b), and (c).)			APPR	OXIMATE INTERVAL EN ONSET AND DEATH
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	7	PART 2 OTHER SIGNIE	ICANT CONDITIO	NS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART	No
Pen s required to the second	9	Hauto,	Kenul +	allus	1 Sep	sis,			
RECORDS.	CERTIFICATION	19a DATE OF OPERATIO	DN 19b. C	CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
- hohe	E						YES NO	YES 🗌	NO 🗌
VIII hysici ronsi Hygin Sh	CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL		TME OF INJURY UR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	IN ITEM IB PART I OR PART 2	2)
OF ICIA	¥	(IF EITHER NOTIFY MEDICAL	DE OF DEATH	P.M.	19				
DIVISION OF VIT NG PHYSICIAN: offending physic fiter this certificat os the buriol-from th and Mental Hyg orked or frem 18 s	MEDICAL	21d INJURY OCCURRE		LACE OF INJURY		211 LOCATION	CITY OR TO	WN COUNTY	STATE
DIVIS ING P Wher the	2	WHILE NOT WHILE	[Altec	OME, STREET, FACTORY, C	PFICE, FARM, ETC.)	The same of the sa	Cirron		VIAIC
Do A so E	100	22a.1 certify that (I) (4	his hospital otteni	ded the deceosed t	from 101	23 19.80	10	18 19 86	that (I) (we) lost
TEN TOR or us PT is		sow the deceased above, (I) (we) tailed			01	nd that in (my) (DU) apinion	deoth occurred on the do	ote and hour and fram t	he couses stoted
REC REC Ppt. eem 3		22b. SIGNALURE	Vidid not) view the	body offer deoth.		DEGREE		22c. DA	ITE SIGNED
the the the		Mul	15/10	efe	1	ATTENDING	MEDICAL STAF	F . //	118/81
SPITAL ed by t UNERAL d be dei he Stote		22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)			22e ADDRESS	DIRECTOR PHYSIC	IAN SO	10/00
O HOSPITAL O HOSPITAL TO FUNERAL Thould be det with the Store		1111.1		1 cfrs M	0		werest BM	Delas 12	- 7127x
TO HOSP etoined It TO FUNE should be with the S		111, che	/ - / -				Tourse Trans	, ne	1 2/20
	230	BURIAL, CREMATION, RE	MOVAL 23b. DA	-71-01	23C NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1 P COUNTY	M.M STARON
ВР	24 51	JNERAL DIRECTOR	1((,	-21-06	GIEN	T COURT O	THE CAL BY BECISTERED	THE PECIET PARIS STORY	+14+ 1117
DHMH - 16 60M 7/84	27 1	THE CONTRACTOR	ma I	H 3@	+55 17C	HIE HUMON	JV 2 4 1986	REGISTRAR'S SIGN	MIURE
(VRA 15, 4)		DIVIO	1 00 1	· 11. C	WOTAG	A PK (NIX	1146	Anna Margar	N. Kandalla
						0	AIII K		



STATE OF MARYLAND 024854 NOV 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE SEGISTRAR CERTIFICATE OF DEATH REG. NO I. DECEASED NAME LAST 2n DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) 6:17_M CHRISTINA WILSON NOVEMBER 18, 1986 6 AGE LIN YEARS LAST BIRTHDAY 3. SEX 4 RACE 5 DATE OF BIRTH Black Female 54 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED USA BALTIMORE CITY WIDOWED DIVORCED K 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR II CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE THE JOHNS HOPKINS HOSPITAT USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134-COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 1735 N. Fulton Ave. 21217 Baltimore YES X MD 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Catherine MIDDLE Jones John 0. Wallace ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 218-64 6346 Catherine Wallace 1735 N. Fulton Ave No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY Cuedro vas cul min. IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF I min. Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ARDS DIAPHETU KETOACIDUSIS METULTUS . 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NOT YES [mine 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220. I certify that (I) (this hospital) attended the deceased from 11 sow the deceased give on obove, (I) (we) gold did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAND MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 600N. WOLFE ST. BALTO. MD. JOHNS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore (SPECIF Burial 11/22/86 Mt. Zion Cem. COUNTY MYSTE 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Wm C. March F/H 1101 North Ave. DHMH - 16 60M 7/84 Juliu Dividson. Randall (VRA 15, 4)

-1	FOR		D	EPARTMENT		MARYLAND H AND MEN	TAL HYGIEN	8 6	3 1	9 3	1
12 NOV	STATE			ICAL EXAM				ATH REG	6. NO.		
(7)	ECEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNOWN	MX MONTH D.	YEAR YEAR	26. HOUR
IN SEET,	X 4. R.	Hezikah	DATE OF BIRTH	IA ACE			UNDER 24 HRS.	DEATH MATED		1986	M
STE			MONTH DAY		BIRTHDAY) MON		OURS MIN	PRONOUNCED DEAD	11-19		7:12
2 Z Z 770.	BIRTHPLACE (STATE C		CITIZEN OF WH		YRS,	M5		9. BALTIMORE CIT			a. м
PRE I	CAROLIN	A	U. S.	A.	WIDO		MARRIED	Baltin	ore City		AAD
	CITY OR TOWN OF D		. NAME OF HOSP			HER INSTITUTIO		UAL OCCUPATION MOST OF WORKING LIFE		KIND OF BU OR INDUSTR	SINESS
00	Baltimo		2756 K	insey Av	renue	N 3	10%	MOST OF WORKING CIFE!	В	& O RA	
	STATE MARYLAND	13b. COUNTY	THER INSTITUTION, GIVE	13c. CITY OR TO	WN	13d. INSIDE CITY L	13e. STR	EET ADDRESS BA	LTIMORE,	MARYL 21223	AND
14.	FATHER'S NAME	M	AIDDLE	LAST		15 MOTHER'S	MAIDEN NAME			LAST	
10	LAWRENCE			WILSO	-	PRIS	SCILLA			NKNOWN	1
	WAS DECEASED EV	ER IN U.S. ARMET		16b. SOCIAL SEC		17. INFORMAN	NT	BALTING	RE, MD.	21223	
	NO.			248-12-	9544	JULIA	PARNELL	2513 W.	FAYETTE		
	18 CAUSE OF DE PART I DEATH	ATH (Enter only a	rine couse per line f	or (o), (b), and (c).)	On sold area		Dinaga		APPROXIMATE BETWEEN ONSET	INTERVAL T AND DEATH
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-		CANT CONDITIONS CON	TRIBUTING TO DEATH BE	UT NOT RELATED TO TH	E TERMINAL DISEA	SE OR CONDITION GIV	VEN IN PART 1 of		1		
CERTIFICATION	19a. DATE OF OPE	RATION	19h. CONDITI	ON FOR WHICH	OPERATION	WAS PERFORME	D?		2	0. AUTOPSY?	?
4 1	1									YES 🗌	NOVE
2 5	210. EXTERNAL CA	AUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY	YEAR 21c. F	HOW INJURY OC	CCURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)		7.7
CAL	CONTRIBUTING	CAUSE OF DEA	ATH P.M.	1	9						VIII
MEDICAL	21d. INJURY OCCU		21e PLACE O STREET, FACTO	F INJURY (AT HO DRY, FARM, ETC.)	ME, 211 L	STREET		CITY OR TOWN	COUNTY		STATE
			f the remains desc	ribed abave, held	an Auta	psy . In	ispection .	Inquiry XX	and in my apinio	an and	
	death resulted fr		FT /	Acgident .	Suicide [, Homicide		termined monner],	W. 1	
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	SIGNATURE /	leun	LAND	negr 1	1446	Assist	tant MED	HCALEXAMINER	DATE SIGNED_	11-19)-86
Z - 230.	EXAMINER'S NAM	ME Denn	nis F. Sm	yth, M.D).	ADDRESS 113	l Penn S	St., Balto	o., Md.	21201	
23a.	BURIAL, CREMATION					OR CREMATORY		DCATION ORTOWN	COUNTY		ATE
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24	NUTTER &	SONS FUN	ERAL HOM	E, INC.		25e.	DATE REC'D BY	REGISTRAR 256. F	EGISTRAP'S SIGN	ATURE	
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BALLEYONE, NO. 21823 PARKE EMBER . * EIEC

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JULIA PARISLE

PERS DADIONE EUTOPA devingSVII DATUE

NUTTER & BONS FURBRAL BODE, INC. 1501 CHYNNE CHILD FROY. BALLICARE, HD. 21216

24-12-45

IMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IRAI				CERTI	ICAIL OI	PAIN	RE	G. NO.		
1. DECEASED NAM	AE FIRST		MIDDLE		AST		20. DATE OF DEA	ТН момтн	DAY YEAR	2h HOUR
(1110 08 7 8031)	Willi	e Ma	anuel	Wils	on		November	6, 1986		3:00 PM
3 SEX	4	RACE		5. DATE (YEAR	6 AGE (IN YEARS L		MONTHS DATS	IF UNDER 24 HRS
Male		E	Black	O1	03	1928	58	YRS.	MONTHS DATS	ROOKS MIN,
7a. BIRTHPLACE	STATE OR FOREIGN 7	CITIZENO	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE C	TY OR COUNT	OF DEATH	
N. Carol			5. A.	WIDOWE	D D	NORCED [Baltin	more Cit	:y	WD
10. CITY OR TOW	OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCI	JPATION AOST OF WORLD	E) PACE	Compan
Baltimo			land Gener		spital		Auto Par	s Sales	-Standa	ard Auto
USUAL RESIDENCE 130 STATE Marylan	E (IF NURSING HOME OR O		13c. CITY OR TOW Baltimor	/N	13d. INSIDE (NO [3000 GL	ess / zip cod	Marylar e, Bali	nd 21215 timore,
14. FATHER'S NAM		DDLE	LAST		15 MOTHER	S MAIDEN NAM			1.4	
Samu	_		Wilson	3	Н	attie				rton
160 WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	16b SOCIAL SECU	JRITY NO.	17 INFORMA	ANT	A	DDRESS Mar	yland 2	21215
Yes		rean	238-38-7	7648	Mrs. R	uby Wil	son 3000	Glen A	venue,	Baltimo
18 CAUSE	OF DEATH (Enter only DEATH WAS CAUSED	one couse pe	er line for (a), (b), an	d (c1.)	141 2				APPROX BETWEEN	ONSET AND DEATH
PART 2 Of	HER SIGNIFICANT CO									Tribe
STIFIC	OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	YES NO	IN CERTI	S, WERE FIND! FYING CAUSES ES	
	T WAS UNDERLYING TING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE C	FINJURY IN ITEM 18	PART OR PART 2)	
CIFETTHER N 21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	NO	CITY	ORTOWN	COUNTY	STATE
220.1 certify	that (X (this hospital deceated alive on X (we) (did)	l) ottended t	he deceased from_				eoth occurred on t			
22h SIGNA	URE A	new the bod	y after death.		DEGREE	*		dote ond flot	22c. DATE	
70	AIR THANK	er	upt	3	,	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN	11/	6/86
M	D. PE	RRY	ND	0	22e ADDRES		l General	Hospit	21	
230. BURIAL, CREA	NATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
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	& SONS FUN					I NILLEY	REC'D. BY REGIS			
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DHMH - 16 60M 7/84 (VRA 15, 4)

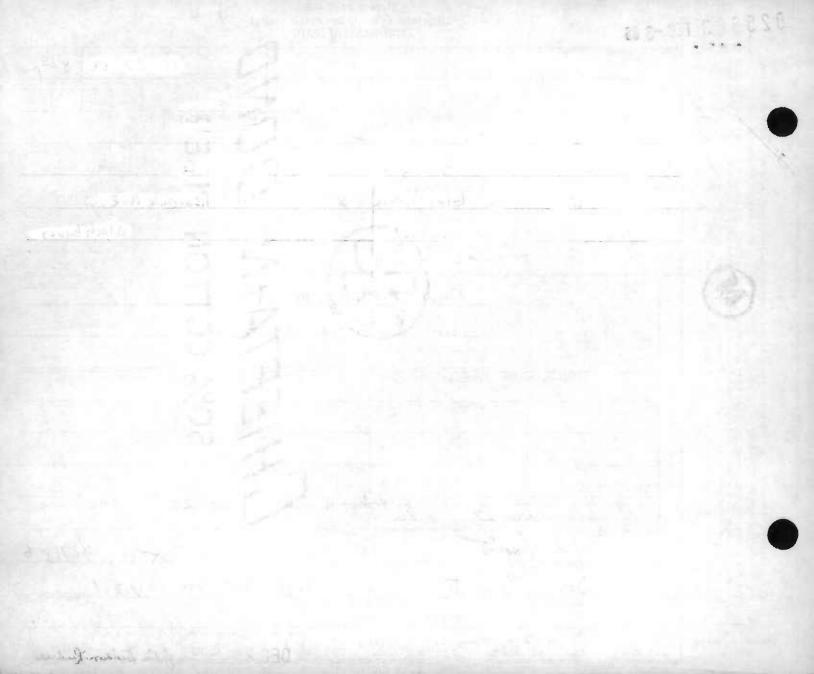
Larua C. aditouad . M Virgano esta company du arsbast -selse sign of. A Maryland 21215 John Cien Avente, Baltirorm, c anj hary and n normo 023385 felunas: Parvience 2.2.5 Nomean 238-38-76-8 Mrs. day wilson 2000 Clen Avenue, Bellingere, saitimore, sary and Durial 11/1986 Gurison Forest Veteran NULL SING CHE IL TO SING 2501 Grane Palls Frey. Maltimore, Ed. 21216

STATE OF MARYLAND

025021 NO	2	5585 REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYGIE	NE B . 6	3	1 7	3 9
		CEASED NAME	FIRST	M	NIDDLE		AST	2		MONTH DAY	YEAR	2b. HOUR
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g 0 m	3. SE	X		RACE		5. DATE O			AGE (IN YEARS LAST BIR	THDAY) IF I	INDER I YEAR	IF UNDER 24 HRS
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3/	10 C	ITY OR TOWN OF DEAT	1	(IF NOT IN SUCH	FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTITUT	1	TYPE OF WORK FOR MOST	F WORKING LIFE)	INDUSTRY	BUSINESS OR
130	USU	BALTIMOR AL RESIDENCE (IF NURS	HOME OR OT	HER INSTITUTION	SCOTT	KEY VIH	DICAL CTF	٤.	Housewife		Homer	naking
0	bette	aryland		imore	13c. CITY OR T	OWN	13d. INSIDE CITY L	IMITS?	estreet ADDRESS . Eastpoint	ZIP CODE Nursing	Home	Md.
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1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		VAS DECEASED EVER II	U.S. ARME		166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRE	SS	200	
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Cornicate reg physics box people cemoral Covert, 18		PART I. DEATH WA	CAUSED E	3Y.	line for (a), (b)	almo	nary &	Oden	~a			NATE INTERVAL NEET AND DEATH
is, 201 W. PRESTO ires that the death gred by the attent in please remove co burral, cremation a. Ty, or other trauma		Conditions, if any, gave rise ta imm cause 101, stating underlying cause	the last	(b) DUE TO, OR	AS A CONSE	OUENCE OF	ASEV NOT RELATED TO	THE TERMIN	al disease or con	DITION GIVEN	IN PART 11a	
OKO	TION		U	T+								
All RECO	CERTIFICATION	190. DATE OF OPERATI	ON	19b CONDIT	TION FOR WH	IICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	GS USED OF DEATH? NO []
C(AN)	1887.0	210, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	SE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH	DAY YEAR	21c. HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
IVISION afferdant affer this chart the ba	MEDICAL	21d INJURY OCCURRE	E 🗆	21e. PLACE C	OF INJURY SET, FACTORY, OFF	ICE FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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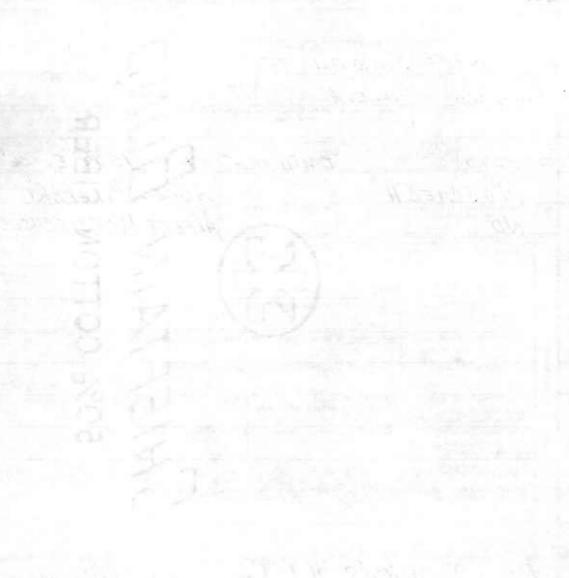
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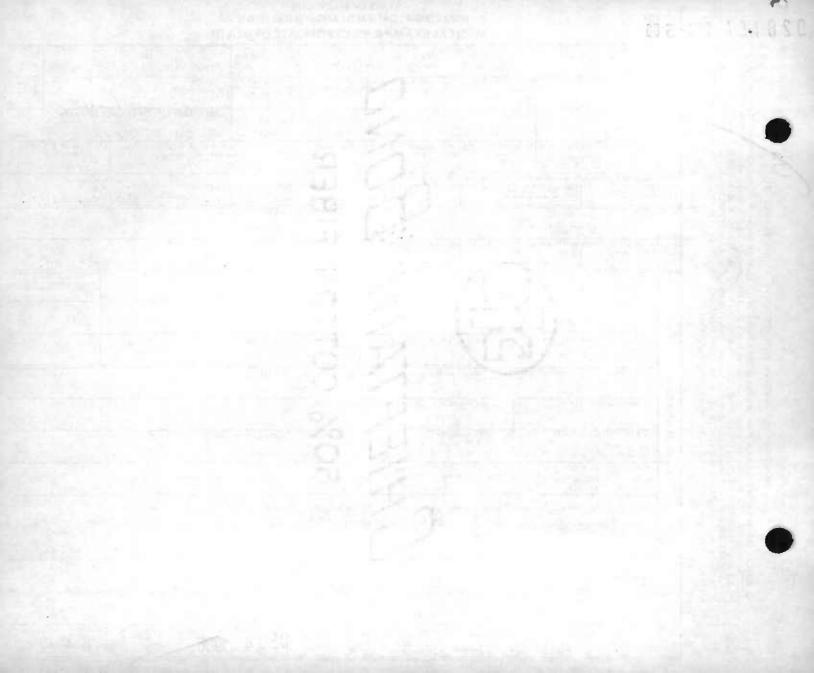
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OR A DIRECTOR A THEM		72% SIGNATURE		DEGREE	(15015.1 07.155	22c. DATE SIGNED
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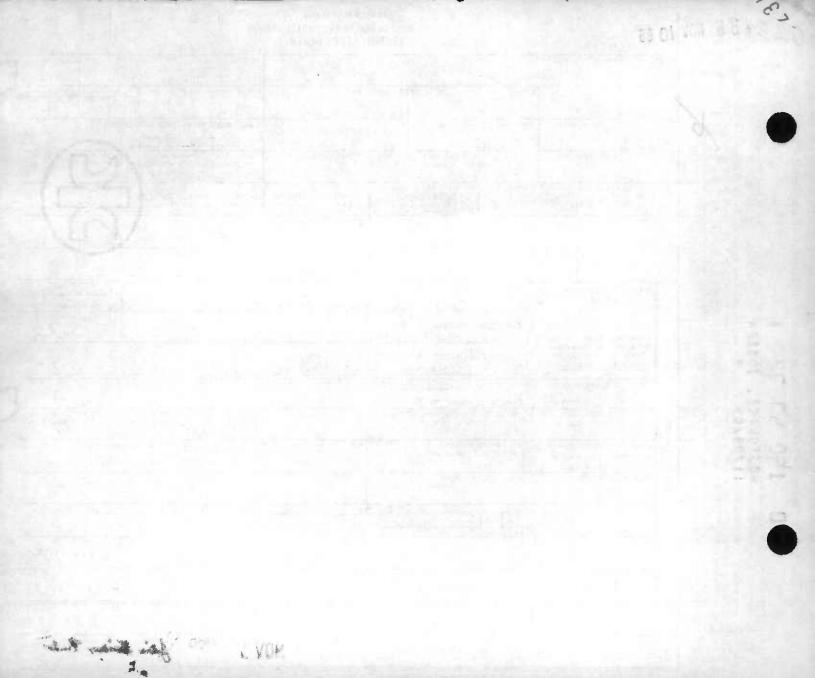
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 025704 DEC REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO MIDDLE I. DECEASED NAME 2a. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-ICESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, DEATH MATED Anthony Wojciechowski 11 - 2586 19 4 RACE 6 AGE (IN YEARS 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE LAST BIRTHDAY) HOURS PRONOUNCED : 40 JAN. 10 01 DEAD 11 - 2519 86 D. M 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) ARYLAND WIDOWED [Baltimore City ATH. IF ANY DELAY IS NE ES 1, 2, AND 3 TO THE FUN PM 3. RETAIN PAGE 5 P ADIZ SHOULD BE FILED, VV WITAL REÇORDS, 204 W. P. DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Union Memorial Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13a. STATE 13b. COUNTY CITY OR TOWN 14. FATHER'S NAME LAST JURS AFTER DE 18. GIVE PAGE WITH FORM IT. PAGES I AN DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR NINKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. 3 SHOULD BE USED AS A BUP DEPARTMENT OF HEALTH AND 1 PRIOR TO BURIAL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? ZD. AUTOPSY? (head only YESXX NO VER: THIS CERTIFICATE SHOUN CATE, WRITING THE WORD "FORWARDED TO THE CHIEF 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STATE DI NOT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE COUNTY STATE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 head only X 22a. I certify that took charge of the remain Autopsy Inspection Inquiry and in my opinian Natural causes death resulted Hamicide Undetermined manner TLE (SPECIFY 11-26-86 Assistant DATE MEDICAL EXAMINER EXAMINER'S NAME F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 Dennis TYPE OR PRINT) 07/84 BP 25M ERAL DIRECTOR 25b. REGIS **DHMH - 17** (VR A15, ME (5))



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γ.	FOR DEPAR - STATE REGISTRAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B 6 3	1946
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	PLEASE COTOR. FILES. HOURS	3. SE		4. RACE	5. DATE OF BIRTH		6 AGE IN YEA	ARS IF UN		IF UNDER 24 HE	RS. 2c. DATE		нтиом	DAY YEAR	14/
	SY, P	40	Male	White	2 10	17	69 YE	MONTH	S DAYS	HOURS MIN	PRONQUI	NCED	11	29 19 86	2-51
	SSAL SSAL HIN	70,1	MRTHPLACE IST	ATÉ OR	76. CITIZEN OF WH	AT COUN		8	ED SESENIEV	ER MARRIED	9 BALTIN	AORE CITY		ITY OF DEATH	1 LM
	N S NECESSARY, PLEASE OTHER INFRAL DIRECTOR. A GLE S FOR YOUR FILES. FILED WITHIN 72 HOURS		Ohio		U.S.A.		- 100	WIDOW		DIVORCED [timor	e Cit	V	MD.
0.00	PAGE PAGE	21	ITY OR TOWN	OF DEATH	I NAME OF HOSE			, OR OTHE	ER INSTITUT		USUAL OCCU			12b. KIND OF B	USINESS
3	D DELEMA		Baltimo		Key Med	ical	Center			Ste	eelwork	er(As	stRolle	Beth	steel
	ANY DANY DANY DANY DANY DANY DANY DANY D		Marylan	VIIIVCOUN	Baltimore		e before admission or town undalk		13d INSIDE CIT	TY LIMITS? 13e :	STREET LADOR	ssmer	on Dr	ive 212:	22
	M H S	219	ATHER'S NAME		WIDDLE		LAST		15. MOTHE	R'S MAIDEN NA	AME	AIDDLE			
	N PESA	20/	Albert		40 7000		ndersek			zabeth				Reuss	
	M TANKS	160	WAS DECEASED YES, NO, OR UNKNO NO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY		17 INFORM			ADDRES			
	BALTIMORE, MD GIAPPORES 1, 2 GIAPPORES 1, 2 PAGED I NO 2 S INTSON RENTAL						3-09-649	19	Ма	y V. Woi	ndersek	(Mrs	5.)		
			18 CAUSE O PARTIDE		ly one couse per line in BY:									APPROXIMA BETWEEN ONS	TE INTERVAL
	IIN 24 HO IIN 124 HO IN ITEM SIT PERM HYGIEN MOVAL.	3	- 3	IMMEDIA	TE CAUSE (a) Ar		OSCIETO		cardic	ovascula	ar alse	ase			
	HIN IL IN INSITE A INSITE A IEANC			ns, if ony, which		10 A CO!	132 4021102								
	TED WITHIN PENCIL NAMINER AL-TRANS MENTAL N. OR REAN		cause (a)	e to immediate stating the <u>under-</u>		AS A CON	ISEQUENCE C	OF.							
	UTED IN P EXA EXA EXA EXA EXA ON,		lying cou	se lost.	(c)										
	HALL RECORDS, 201 W. PRESTON THOUD BE EXECUTED WITHIN 24 HOUR RD. PENCIL IN ITEM HIFF MEDICAL EXAMINER ALONG USED AS A BURIAL-TRANSIT PENCIL HEALTH AND MENTAL HYGIENERIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	ATED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART 1 to					
	TECORDI D BE EXE ENDING MEDICA AS A BI EALTH AI	NO N	12			-									
	SHOULD SHOULD SHOULD SHOULD SHOULD TO HE USED.	1/3	19e. DATE OF	OPERATION	196 CONDIT	ON FOR	WHICH OPER	ATION W	AS PERFORA	MED?				20 AUTOPSY	(?
			21. EVYEDNIA	L CAUSE WAS	216 TIME OF	IN LEI IDW		las ira						YES 🗌	NO 🔀
	DIVISION OF VITAL R CERTIFICATE SHOULD RETING THE WORD."P ROED TO THE CHIEF. E. 3 SHOULD BE USED EDEPARTMENT OF HE OF PRIOR TO BURIAL.	MEDICAL CERTIFICATION	UNDERLYING	OR	HOUR A.M.		DAY YEAR	ZIC. HC	W INJURY	OCCURRED (EN	ITER NATURE OF IN	JURY IN ITEM 1	8 PART I OR PA	ART 2)	
	RTIFI NG TO SHO REPAR	SC.	21d. INJURY C	CCURRED	P.M. 21e. PLACE O	F INJURY	19 (AT HOME,	211 LOC	ATION						
	0 000000	¥	WHILE T	NOT WHILE E	STREET, FACTO	DRY, FARM, E	TC.)		REET		CITY OR TO	WN	co	YTAUC	STATE
	DIVISION OF V MANNER: THIS CRITIFICATE S CRITICATE, WRITING THE WC LID BE FORWARDED TO THE CONTECTOR: PAGE 3 SHOULD BE WITH THE STATE DEPARTAMENT MITH THE STATE DEPARTAMENT ARYLAND, 21201 PRIOR TO BI			1	ge of the remains desc	-11 - d - b -	1.11	1		Inspection X					
	CERTIFICATE UID BE FOR DIRECTOR: WITH THE		death resulte	/ / /	ral conses X	Accided one		Autops	y L., Homici		I Inquiry		and in my a	pinion	
	ERTIE B B B B B B B B B B B B B B B B B B B		/	/ //	1/ 1//	UN	30.	cide L.	TITLE (SP		delermined mi	anner			
	APOUR	1	SIGNATURE.	K	x r. y	1/1/		M,	,	stant_w	MEDICAL EXAM	AINER	DATE	ED 11-30-	-86
	DEA SE TOPE	24	EXAMINER'S	NAME Char	les P. Kó		M D								
	TO MEDICAL EX EXECUTE THE CEP PAGE 4 SHOULD TO FUNERAL DIS AFTER DEATH W BARTINORE, MAI		(TYPE OR PRIN	11)					ADDRESS	111 Pen		Dail	J., M	D 21201	_
07	/84 BP	730.1	SURIAL, CREMAT	mation	12-1-86	23c. 1	Westvi	ew	CREMATO	RY 23d	Baltimore	e.	COU		state vland
25		24	UNERAL DIREC	TOR	ADDRESS				2	50. DATE REC'D.			GISTRAR'S		7.44.63
	(VR A15 ME (5))	Du	da-Ruck F	uneral Hm.	7922 Wise Ay	e. Bal	lto. MD	21222		DBE	22 100	G 1.	. ~		
		-	4								8	00		WATER COM	ALLES .

STATE OF MARYLAND

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STATE OF MARYLAND

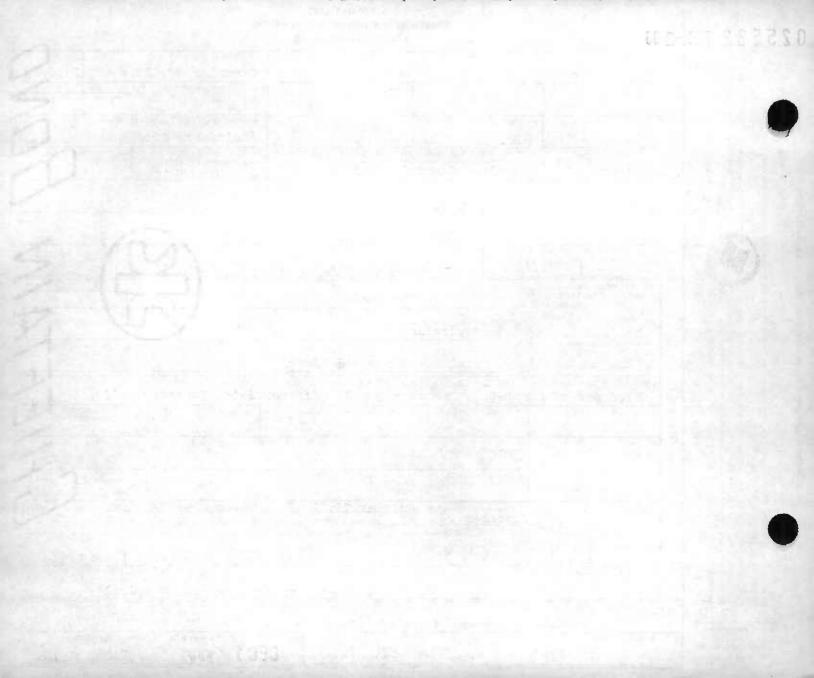
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Code	~	

- 1	-	at Boto titt tit					REG. NO).				
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONIH	DAY	YEAR	2b. HOU	JR
	,,,,,,	George	A		Wood		November :	24, 1	986		7:5	O PM
	1 SE)	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDE	RIYEAR	IF UNDER	
U	Ma	ile	Black		2	9 DAY 1915	7	11 YRS.	MONTHS	DAYS	HOURS	MIN.
d	7a Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		Y OF DE	ATH		500
2		ryland	U.S.A.		WIDOW	DIVORCED X	Baltimore	e Cit	:y			MD.
5	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF THE OF WORK FOR MOST O			KIND O	FBUSINI	ESS OR
S		Baltimore	Maryla	and Genera	al Ho	<i>spital</i>	Acme Wareho					
7	30. S	AL RESIDENCE (IF NURSING HOME OF		130. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP COI)F			
2		ryland —		Baltimo		YES 🛣 NO 🗌	2423 Moshe	r St	. 21	217		
	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME			LAS1	1140	
2	Ge	eorge		Wood		Emma	MIDDLE			(43)		
7	6a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU		17. INFORMANT	ADDRE	SS		W	21:	216
	wa	YES, NOOR UNKNOWN) (19785 GI	2/1945	219-05-6	645	George A. Han	idy 4728 Wak	efie	ld R	oad	Bal	to.
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for to 1, (b1, one	d (c).				В	APPROXI	MATE INTE	RVAL DEATH
1		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0)	Diffuse .	Pneum	onia		7.5				
1	7	917	DUE TO O	R AS A CONSEQUE	NCE OF					1 6		A CO
1		Conditions, if ony, which	(b)	Aspirati								
		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCEOE		TV C	575		71		174
d		underlying cause last.	(10)	Tracheo-	Esoph	ageal Fistula						
1	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION G	IVEN IN F	PART 11c		
	NO.	Carcinoma of	Esophagi	s, Moder	ately	Well differen	ntiated Squ	amous	cel	.1		
7	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	IGS USE	D
4	TE						YES NO		IFYING C	AUSES	NO [
V	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	Y IN ITEM IE	PART I OR	PART 2)		
П	AL	OR CONTRIBUTING CAUSE OF DEA	AID		10							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	.461	(0)	UNTY	0	STATE
И	×	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CHYORIO	WIN	(0)	JINITY	•	IAIE
Н		220 I certify that X (this hospi	tol) ottended th	e deceosed from_	Octob	er 28. 1986	to Novembe	r 24	19_8	36 .	hat X	we) lost
		sow the deceased alive on above y/1 (we) (did) y/2 y/3	Novem	ber 24 ₁₉		nd that in (mXXour) opinion o	death occurred on the do	te and ha				
3		22b. SIGNATURE	y view the body	arrer dearn.		DEGREE			220	DATES	SIGNED	
		(): M	Thurs	MD		ATTENDING PHYSICIAN	MEDICAL STAF			101	Jon	1-
		224. PHYSICIAN'S NAME (TYPE C	PRINT)	3 111 1		22e. ADDRESS	J DIRECTOR () THISIC	1	- 14	1	> 1 204	
						a/a Mamia	land Conora	и чос	nita	7		
	23a P	BURIAL, CREMATION, REMOVAL	23b. DATE	73c N	IAME OF C	C/O MAIYI	land General	1105	ртса			
		(SPECIFY) Burial				i Forest Veter	CITY OF TOWN	Our	inas	Mip	PA	MD
	24 FU	UNERAL DIRECTOR	1 27	oo par	700301		REC'D. BY REGISTRAR					IVID
		ley Funeral Hon	no 1348	N. Calhan	n St	_	EC 1 1986	1				
	m	integ i will two inti	, , , , ,	Cochou			FOT MAD	Spiller	a Dan	Edgan	. Vand	444

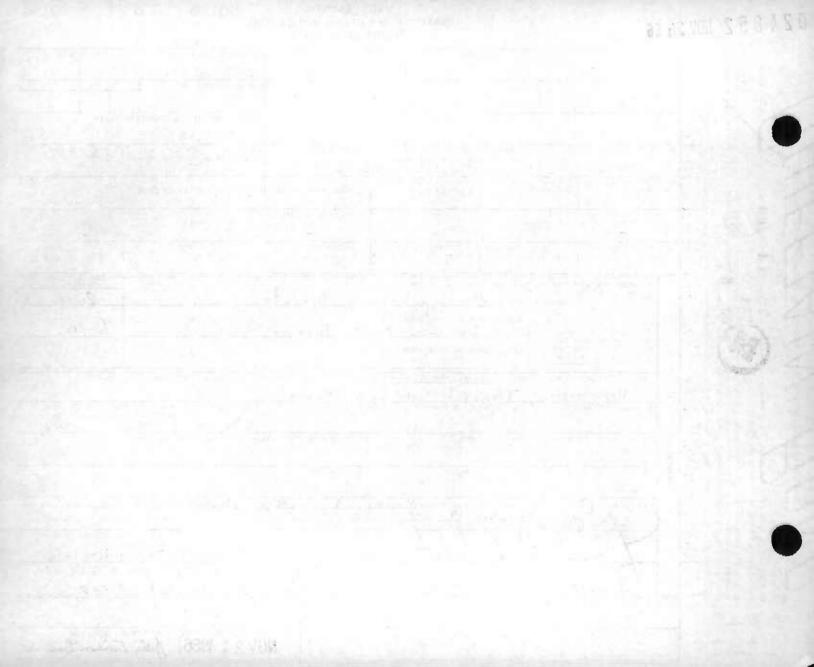
DHMH - 16 60M 7/B4 (VRA 15, 4)



023	456	NOV	2	TOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND	MENTAL HYG	IENE	REG. NO.	6 31	951	
5	nay be poge 3 er death			CEASED NAME OR PRINT)	FIRST		MIDDLE		45VD		20 DATE OF E	DEATH MONTH	DAY YEAR	26 HOUR 8:23 A	-
	ge 4 may		3. SE	× 2	4.	RACE	INF	S. DATE C	/	'5 ' 8		RS LAST BIRTHDAY)	IF UNDER LYE		
•	death. Po	35		RTHPLACE (STATE OR FO COUNTRY) Maryland ITY OR TOWN OF DEA	PR.	U.S.	WHAT COUNT	RY? 8 MARRIE WIDOWE		VORCED [9 BALTIMOR	City	UNTY OF DEATH	MD. D OF BUSINESS OR	
201	ors after	49	1	BALT.	1	(IF NOT IN SUC	H FACILITY, GIVE S	Charles			(TYPE OF WORK I	erator		RY	
AND 21	n 24 ha	30	Ha :	Md.	Pr. (Y	13c. CITY OR I	NWO	136 INSIDE C	NO 🗌	14607	Bowie Ro	oad 207	08	
MARYL	ed with	163	MCF/	Thomas	MI	DDLE	Horsma	an	Marth	S MAIDEN NAA FIRST 1 a	WE		itcher	LAST	
ON B	Popula	12	160 \	VAS DECEASED EVER (VES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES!		8-3008	Ms.	NI 63 Ro Virgini	lpark a M. R		Trailer Mill	Village ersville,	- Md
TS.	physicis anpaper	event, th	1	18 CAUSE OF DEATH PART I. DEATH W.		BY:		ondicate	?PArox	1 App	इ न		APPR BETWE	RÓXIMATE INTERVAL EN ONSET AND DEATH	
PRESTON	death cer attending ove carba	oumotic	1	Conditions, if ony,	which	DUE TO, O	R AS A CONSE		ELAOVI	1 1 mm	BALANC	=/			
W. PR	that the	r other tr		gave rise to imm cause (a), stating underlying cause	g the	DUE TO: O	r as a conse	QUENCE OF	76:	54BLE	cnes	Nower	ENH		
RDS, 20	equires in signed Then ple	injury, o	NOI	PART 2. OTHER SIGN	IFICANICO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	or condition	N GIVEN IN PART	1(o	-
AL RECO	he fo	À Como	CERTIFICATION	19a, DATE OF OPERAT	ЮN	196 COND	ITION FOR WE	IICH OPERATIO	n was perfo	DRMED	200 AUTOF		IF YES, WERE FIN ERTIFYING CAUS YES		į
DIVISION OF VITAL RECORDS,	N N I S	486		210. ACCIDENT WAS UNDER OR CONTRIBUTING C	AUSE OF DEATH			DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERNATU	IRE OF INJURY IN ITE	M 18 PART 1 OR PART	2)	
VISION	G PHYS offending er this c	ked	MEDICAL	21d INJURY OCCURR		21e. PLACE		FICE FARM, ETC }	211 LOCATION STREET			CHYONTOWN	COUNTY	STATE	
	TTENDIN ortal or TOR: Afr	21 is mor		220. I certify that H sow the decease above, (I) (we)	(this hospital	11/3	e deceosed from	0/	nd that in (my)	. 19_86 (our) opinion o	to	an the date on	hour and from t	_, that (1) (ve) last the causes stated	
	the hospit the DIRECTO	If Hem	7	22b. SIGNATURE		1	1)			ATTENDING PHYSICIAN [MEDICAL DIPECTOR	STAFF PHYSICIAN	22c. DA	ATE SIGNAD	
	O HOSPITAL etained by th TO FUNERAL should be deto	PORTAN		TH PHYSICIANS NA	ME HYPE CAY		Desal		22e ADDRES		DIRECTOR	Misicialy		7	
	Bb TO HG	1		SURIAL, CREMATION, F SPECIFY) Removal		23b. DATE 11-4-8		23s. NAME OF C	EMETERY OR	CREMATORY	23d LOCAT	ION R TOWN	COUNTY	STATE	-
	DHMH - 16 60 (VRA 15,		24 FI	UNERAL DIRECTOR NAME Ana	atomy :	Board	ADDRE	Balt	o., Md.	1 410	V 0 71	GISTRAR 25b. RE	GISTRAR'S SIGN	ATURE	

NOV () Y Com fractions.

24852 NOV:	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 5 3	1 7 3 2
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR
by be oge 3 death	(TYPE OR PRINT) SAM		WOODS JR.	NOVEMBER 19, 198	6 7:16P M
Pet I mo	Male	4 RACE Black	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
148	70. BIRTHPLACE (STATE OR FOREIGN FOREIGN F1 a .	76 CITIZEN OF WHAT COUNT USA	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY C BALTIMORE CITY	OF DEATH MD
1 Poso	10 CITY OR TOWN OF DEATH BALTIMO RE	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST THE JOHNS HOP	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATION (TYPE TO YORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
	130. STALE MD	ME OR OTHER INSTITUTION, GIVE RESIDENCE BE OUNTY 13BGTY OR I	More 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1815 E. Lafay	21213 rette Ave.
ompletely gang strong s		MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDIE	LAST **
on ond ce s. Pages 1	TOU THAS DECEASED ETER IN O.S		ECURITY NO. 17. INFORMANT 88-4661 Martha Wo	ods 1815 E. Laí	fayette Ave.
Column Treston St., Battimore, Martina Column Treston State of Completely Include the Completely Include the Column State of C	Canditions, if any, whic gove rise to immediat couse (a), stating th underlying cause las	DUE TO, OR AS A CONSE	DUENCE OF DUENCE OF DUENCE OF		approximate interval Between onset and death 20 min. (2 yrs.
The low fequire cion.	Hypertense 190. DATE OFTOPERATION	19b. CONDITION FOR WH	TO DEATH BUT NOT RELATED TO THE TERM TECHENIC A HACKS ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
NG PHYSICIAN: The low require attending physicion. Wher this certificate has been sign os the buriol-tronsit permit. Then the and Mental Hygiene prior to be orked or feet 18 shows ony injury. NON—MED BY DI	V 21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WMILE ALWORK ALWORK ALWORK	OF DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY LATHOME STREET FACTORY OFF	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN	COUNTY STATE
OR ATTEND he hospital of DIRECTOR. A bobled for use Dobto of Heal filter 21 is m A SED	22a.1 certify that (1) (this 1	nospital) attended the deceased from a normal second of the second of th	MAN ATTENDING PHYSICIAN	death accurred on the date and hour	22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be derit with the State IMPORTANT: IMPORTANT: I	Donald	R. Chabot ME	22e ADDRESS Johne Balt	Hapkins Hosp.; 60	0 N. Wilfe St., 21205
BP	230 BURIAL, CREMATION, REMO (SPECIES) Burial	23b. DATE 11/24/86	Cedar Hill Ce,	Barrinore	CO. MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	Wmm. C. Mar	ch F/H 11010DR		OV 2 1 1986 Julia	Disiden Rudace



7		-	FOR		DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	6	3	1 0	الله
020	272 000	1-	STATE REGISTRAR				ERTIFICATE O		REG. NO			
0 2 0	372 DEC	I. DE	CEASED NAME FIRST		MIDDLE		LAST	20. D	ATE KNOWN		DAY YEAR	2b. HOUR
	₩ & X E	(TYP	E OR PRINT) JOHN		(2.1 mm)	TAT	OOLEY ir		OF ESTI-		28 1986	
	REF. REF.	3. SE)		5. DATE OF BIRTH	ilton	EARS IF UN			DATE		DAY YEAR	2d. HOUR
	IS NECESSARY, PLEASE F FUNERAL DIRECTOR. E 9 FOR YOUR FILES. D WITHIN 72 HOURS W. RESTON STREET.	M	ale white	12 10	46 39	(RS.	AS DAYS HOURS	MIN. PRO	NOUNCED DEAD	11 :	28 1986	10:22 P _M
	SSA SAL SAL HIN ESTG		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY?	8 MAPPI	ED NEVER MARRI	9. B	ALTIMORE CITY C		OF DEATH	
	SA SA		larvland	USA		WIDOW		Δ.,	Baltimore	City		MD.
	2年第四十	10. CI	TY OR TOWN OF DEATH	II. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a. USUAL C	OCCUPATION (TYPE	E OF WORK 12	D. KIND OF BU	ISINESS
	ANY DELAY IS N AND 3 TO THE FL RETAIN PAGE 5 HOULD BE FILED.		Baltimore	Key Medi	cal Center	3018		1	of working life)		OK INDUST	KT
5	AIN AIN	USUA 13a S	L RESIDENCE (IF IN NURSING HOME TATE 1136 COUP		VE RESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?	13e STREET A	ADDRESS	710	774	
21201	A S E O F		Md		Baltimor	2	YES NO	248 S	Conklin	Stree	ot 7	
MD.	TARSES T	14, F/	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDE		WIDDLE		LAST	
in the	A SES AT		John Milton	Wooley	Sr.					Н	bbs	
IMO	NO SA	16a. V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURI	TY NO.	17. INFORMANT (st	ister)	5102 Ar	dmore	Wav	
ALT	A A G A A G		No		218-46-46	81	Margaret k	,	Baltimo			
- 2	A WILL		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one cause per line	for (a), (b), and (c).)			370			APPROXIMAT	E INTERVAL T AND DEATH
N S	I S S S S	-	MMEDIA	TE CAUSE (o) Cra	anio-cerebr	al tr	auma with	compli	cations			
STO	S A B SO	1	882		AS A CONSEQUENCE	OF						
- E	至 4 度 3 任 度		Conditions, if ony, which gove rise to immediate	(b)								
*	A PARO	0	couse (o) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF						
. 201	S S S S S S S S S S S S S S S S S S S			(c)								
VITAL RECORDS	NE EXE ENDING WEDICAL AS A BU CREWAT	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO CEATH	BUT NOT RELATED TO THE TER	MINAL DISEASI	OR CONDITION GIVEN IN PAR	RT 1 (a				
REC	- CR	500	196. DATE OF OPERATION	Ties CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY	2
TAL	TO THE CHEE HOUSE OUT THE CHEE HOUSE OUT BE USED ARTHWENT OF HE OF TO BURIAL	IFICATION		IN CONDI	norrox which ore	KATIOT W	ASTERIORNES.				Head Or	
7 40	N N N N N N N N N N N N N N N N N N N	CERT	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YEA	21c. HC	OW INJURY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM 18		10020	140 []
2	STATE OF THE STATE		UNDERLYING SOR	DEATH 11 · 35	MONTH DAY YEA 11-15- 19 8	6 Sub	ject preci					of
DIVISION	CERTH TING TOEPA TPRO	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f LO	CATION			Lilaon	a fire	
- A	WRIT WARDE WAGE 3 PAGE 3 TATE D	2	WHILE NOT WHILE		OME		S. Conkli		Balto.	COUN	TY	MD
	0.00		-/	1	cribed Dove, held an		ad wnly			d in my opin	-	
	MEDICAL EXAMINER. CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR. ER DÉATH, WITH THE J. ITIMORE, MRRYLAND.		/ 1/	rol courses [D]	/ / [57]	uicide	Hamicide .	Undetermin		u iii iiiy opiii	idii	
	San Andrews	0		11/1	1.n.	oreide [TITLE (SPECIFY)	Oridereriiii	red manner,			
	##0#E		SIGNATURE JUN	1. 4	m -	M	. Assistan	t MEDICAL	FYAMINED	DATE SIGNED	11-29-	-86
	DEA STATE	1										
		-	(TYPE OR PRINT) Cha	rles P. Ko	okes, M.D.		ADDRESS 111		r., Balto	o., MD	21201	
	588558	23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCAT	ION	COUNTY	51	ATE
07/84 25M	BP	26.5	Removal	12-2-86			lar a i	NECID STATE	1670 40 1071 05	C2D 4812 4		
23141	DHMH - 17		UNERAL DIRECTOR	ADDRESS			DFC.) 4 198	GISTRAR 256. REGI	STRAK'S SIG	Rondoll	
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STATE OF MARYLAND CEDTIEIC ATE OF DEATH

-3 bt	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
I. DEC	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE	OR PRINT)		Worsley	11 -1	28-86. 1:30 R
3. SEX	x 00111	I RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE	Black	MONTH DAY YEAR	10	MONTHS DAYS HOURS MIN.
		b. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	V OF DEATH
N	orth Carolina	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	City MD.
10.61	SALLMOYE	1. NAME OF HOSPITAL, NURSI BON SECOU		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR INDUSTRY
13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) NO 13d INSIDECITY LIMITS? NO 2 YES NO	130.STREET ADDRESS / ZIP COP	Hount Street
14. EA	LAWYENCE "	NONS LAST	15. MOTHER'S MAIDEN NA Celest	Z MIDDLE	BryANT
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	NED FORCES? 16b. SOCIAL SEC WAR OR DATES) 246-40	URITY NO. LE INFORMANT 0-5372 HOLEI WO	rsley 229 NF	HOUNT ST. APT IS
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE (b)	D. respirator	y arrest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c)	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART Ita
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \)
4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH E	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
3	220.1 certify that (I) (this haspite saw the deceased alive an abave, (I) (we) (did) (did nat)	11-28 19	and that in (my) (our) opinion	death occurred an the date and ho	, 19, that (I) (we) last ur and fram the causes stated
	22b. SIGNATURE	ap.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	11-28-86.
	DR. S. MA	LAISERIE	22e ADDRESS		
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY EASTVIEW CEM	23d. LOCATION CITY OR TOWN BATITO	COUNTY STATE
24. FU	UNERAL DIRECTOR	0 00		TE REC'D. BY REGISTRAR 25b. REGIS	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MARCH F/H 1101 E. NORTH AVE, DEC 2

Julia Dividion Pandage

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2	10-16		Baltin			724 E.	21st	Street			Cust	odian		Office	Bldg.
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3	JTED WATER TO BE THE PENCY TO BE THE PENCY THE TRANSIT PER THE TRANSIT PER THE			a) stating the <u>under</u>	er-) [DUE TO, OR A	S A CONSE	QUENCE OF							
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DIVISION	OE 3	W W					RY, FARM, ETC.)		STREET		(CITY OR TOWN		COUNTY	STATE
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	MEDICAL E ECUTE THE OGE 4 SHOU OF EUNERAL FIER DEATH,	1	EXAMINER'	S NAME Gre	gory	R. Kau	ıffman	. M.D.	ADDRESS	. 111	Penn S	St., Ba	lto., N	4d. 212	201
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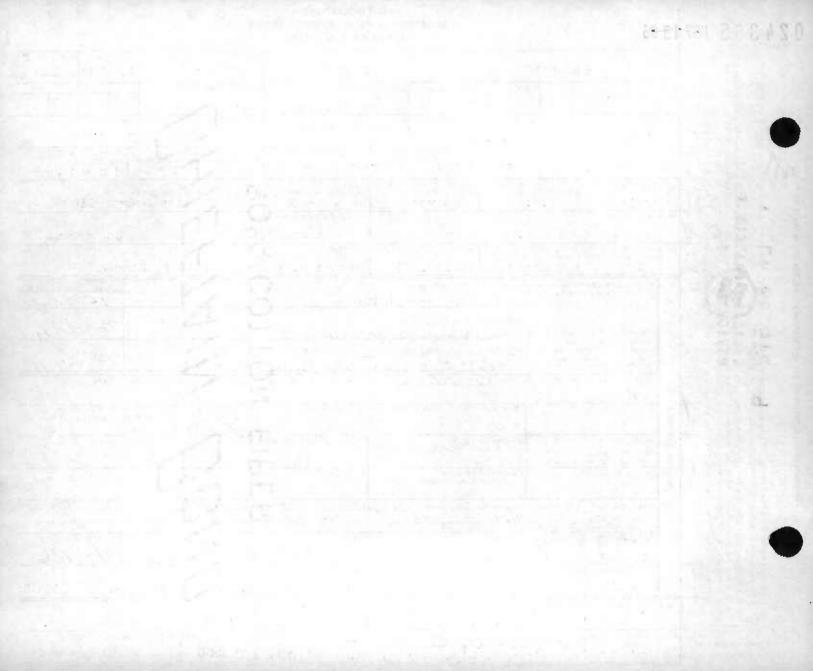
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Burial 11/19/1980 Cedar Hill Jemetery Jalliore, Maryland KUTTER E SONS FUNERAL HUSE, INC. 2501 GMYNNS FALLS FRING BANTIMORS, NO. 21216 NUV 2 D 整新 JAMAN FRANCE ELLER

024562 N	11	FOR # 5, Film G FOR STATE	621,11.21.86 ab	MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 6 3	1 3 5 0
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Kom de	3. SE		4. RACE	5. DATE OF BIRTH	110 1 2011	1986 2:15 M
ge 4	IN	TAIF	CAUC.	MONTH SORT	(9 YRS.)	NONTHS DAYS HOURS MIN.
Poge	7a. B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OF COUNTY	OF DEATH
deoth	11	NNSYLVANIA	USA	WIDOWED DIVORCED	BALTIMORE CI	TY MD.
rs ofter of	4	ALTIMORE	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO!		120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
ND 212	USU 13a. M A	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR			NAVE 21224
RYLA CITY	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		IN FIVE ZIZ
W Ped Ted	1	NHOC	WRONK	MARY	WIDDLE	LOBA
BALTIMORE, MARYLAND cote be executed within 24 The IR. A cot till cote be executed within 24 cote be executed within 24	16a.	WAS DECEASED EVER IN U.S. AR YES, HOOR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECULAR SOC	1652 MRS STE	ILLA WRONKA GOS	5 S. MILTON AV.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), on	d (ci.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7 9 Certifica Certifica			E CAUSE (0) rans lent	orial hemiatio	7	6 minutes
2 deoth of trian, or coumotic		6- 19- 4	DUE TO, OR OS A CONSEQUI			1 60
W. PRESTO 82 t the deat Challed A.		Conditions, if ony, which gave rise to immediate	(b) Drain	Esema		1 117
201 W. PRESTON ST., 3 8 2 7 9 es that the death certificate before certificate or please remove, or urial, cremation, or urial, cremation, or urial, cremation, or urial, cremation, or urial, crematicate or or other traumatic		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUI	Vasulor alli		4 days
22.2.2.2.2.2.1. significant to b	CERTIFICATION	PART 2. OTHER SIGNIFICANT	Date D.	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
SS	S S	19a. DATE OF OPERATION	196. CONDIMON FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED YING CAUSES OF DEATH?
B 8	4 🖺	21g. ACCIDENT WAS UNDERLYING	1 21b. TIME OF INJURY	Arka Vijego	YES NO YES	NO [
DF VI	6	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
SION OF VITA PHYSICIAN: The ending physicic certificate this certificate the buriol-tronsit ad Mental Hygical dor Item 18 sho	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211. LOCATION		
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NDIN I or I or Use o tealth		22a. I certify that (I) (this hospi	tal) attended the deceased from_	10/28 ,19 6	8 to 1/18, 1	9 66 , that (1) (we) last
Spiro CTO I for of h		sow the deceased alive an above, (1) (we) (did) (did no	t) view the body ofter death	ond that in (my) (our) opin	ion death occurred on the date and hour	
0 0 0 0		22b. SIGNATUH	4 /1/11/	DEGREE	ALEDICAL CTAFF	22c. DATE SIGNED
ITAL O by the SRAL D e detoc state D in If I		22d. PHYSICIAN 3 NAME (TYPE C	" vun	ATTENDING PHYSICIAN		11/18/81
TO HOSPITAL of TO FUNCTION OF THE STATE OF TO FUNCTION OF THE STATE OF		UJCI SI	797	22e ADDRESS OG.	600 N. WOLFE ST.	BALTO MD. 21205
of of short with the short of t	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23x 1	NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	Treat 03
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DHMH - 16 60M 7/84	24	UNERAL DIRECTOR	ADDRESS	2525, 125g	DATE REC'D. AY REGISTRAR 256 REC'STR	United Andrews
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		- 1		EASED NAME	FIRST	17-76-1	MIDDLE		LAST		20 DATE OF DEA		DAY Y	EAR 26 HC	DUR P
pe ,	deoth deoth		(TAME)	F I	RANCI	IS Xa	vier	υM	RTZER		NOVEM	BER	14, 1	1986]	12:3,5
# H	n after o		3. SEX	Male		4. RACE Whi	te	5. DATE	H DAY	YEAR 1944	6. AGE (IN YEARS LA		MONTHS RS.	DAYS HOURS	DER 24 HRS
	in 72 hou	35	C	RTHPLACE (STATEORF OUNTRY) Altimore	OREIGN	76. CITIZEN OF		TDV2 8	D NEVER		9. BALTIMORE CI		INTY OF DEA	CITY	MD.
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A 24 hou	nould be	35	13a. S Mā	it residence if nurs tate tryland	NG HOME OR	ITY	GIVE RESIDENCE 13c. CITY OR Hanos	TOWN	13d. INSIDE C	NO X	13e STREET ADDR 7420 Hav			21076	
MAKTL led with	D	20	2	Robert		MIDDLE A.	Wurt			s MAIDEN NAM FRST therine	E MIDI	DLE	Scl	hoonmal	ker
The state of	and and	2		AS DECEASED EVER ES, NO OR UNKNOWN) Yes	(IF YES, GIV	MED FORCES? E WAR OR DATES) tnam	166 SOCIAL 216.42	SECURITY NO. 2.3427	Dianne	NNT ∋ J. Wur		DDRESS Vife)	Same a	as 13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. INC. PRESTON ST. INC. PHYSICIAN: The low requires that the death cartiful attending physician.	as been signed by the attessor. Dermit. Then please semone prior to burial stremal		CERTIFICATION	Canditions, if any, gave rise to imm cause 101, statim underlying cause PART 2 OTHER SIGN PART 2 OTHER SIGN OTH	which nedicte of the last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONS R AS A CONS R AS A CONS ONTRIBUTING	EOUENCE OF		Jant TO THE TERMI	200 AUTOPSY?	20b. 11	3 N GIVEN IN PA	ART 1(a) FINDINGS US	EED ATH?
HOSPITAL OR ATTENDI	TO FUNERAL DIRECTOR: After this certificate he should be detached for use as the burial-transit put the State Dept. of Health and Amental Hansit (MPORTANT: If them 2) is marked as them. 18 shows	9	CAL	210. ACCIDENT WAS UND OR CONTRIBUTING CIFETINER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK 220.1 certify the (1) The decease of the contribution (1) The contribution of the contribution (1) The contribution of the con	AUSE OF DEA ALEXAMINER ED ILE this hospit	21e. PLACE (AT HOME, STI	M. MONTH M. OF INJURY REET, FACTORY, OF	4.	211 LOCATION STREET 2 do not that in my DEGREE	ON 19 6 (our) apinian de	MEDICAL DIRECTOR PH	OR TOWN The date and	COUNTY 19 de la	m the causes : DATE SIGNE	STATE Xwe) last stated D
BP_				URIAL, CREMATION, I PECIFY) Burial	REMOVAL	23b. DATE		23c NAME OF C			23d. LOCATION	WN	COUNTY	a 14	STATE
			24. FU	NERAL DIRECTOR	112			Meadowr	rage Me		Elkrid		Howar:		d
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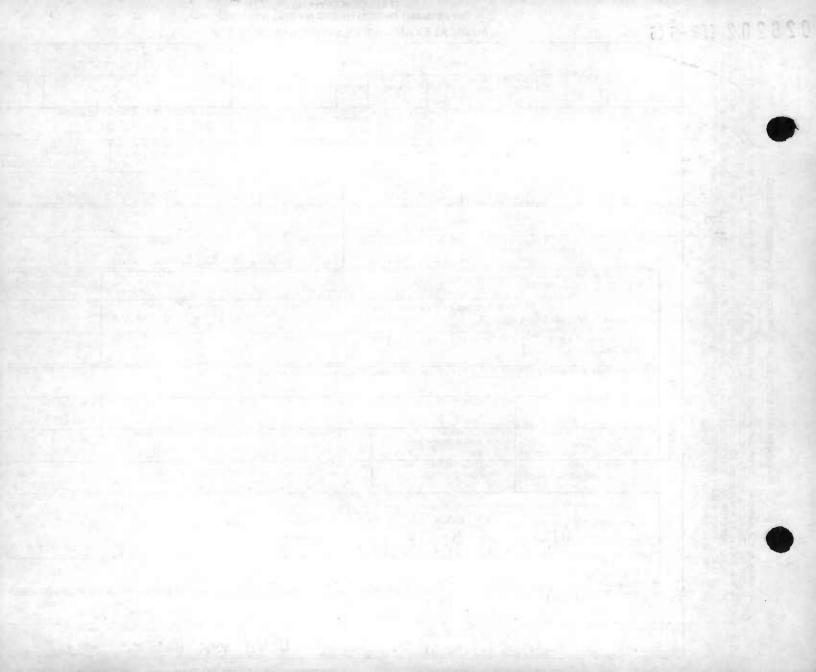
5557 DEC	C - 21	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	1 7 5 7
noy be poge 3 rr deoth		PECEASED NAME ALI ALI		5 1986 2 35 p
ctor, po	3.	FEMME		IF UNDER 1 YEAR IF UNDER 24 MRS
77 hos	5 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY Maryland	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY WIDOWED DIVORCED BALTIMORE CITY OR COUNTY	
6	2	BATIONE BATH	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THOUSEWIFE HOUSEWIFE HOUSEWIFE	17h KIND OF BUSINESS C INDUSTRY Domestic
A 24 had be paid be	5	Maryland.	Baltimore YES NO 340 Maud Ave	
(1)	2	Edward Pa	ix ton Wakeland Mary Moole Emma	Länt
	16	(IF YES, GI	/E WAR OR DATES	as #13
uires that the death certification by the attending phengless remove carbang subrial, cremation, or remany, or other traumatic ever		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DBY: TE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART 110
he low requion. Thos been signed to permit. The tene prior to lows ony injury.	2	190 DATE OF OPERATION		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
G PHYSICIAN: T offending physici er this certificate is the burial-transi and Mental Hygi ked or Item 18 sh	9	OR COLUMNIA COLUMN		ART L OR PART ?) COUNTY STATE
the hospital or of the hospital or of the hospital or of the thouse os of the period o		220.1 certify that (I) (I)	on attended the deceased from 3-20, 19.78, to	ond from the causes stated
TO HOSPITAL retoined by the TO FUNERAL should be detained the Stote	1	228 PHYSICIAN'S NAME TYPE	220 ADDRESS Ruys Low 21215	
BP	23	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COLOR TOWN	A.A. Co., STATE
DHMH - 16 60M 7/8 (VRA 15, 4)	34	FUNERAL DIRECTOR VICCULLY Funera	237 E. Patapsco Ave., 250 DATE REC'D. BY REGISTRAR 258 REGIST ALL Homes Balto. Md. 21225 DEC 0 1 1986	RAR'S SIGNATURE

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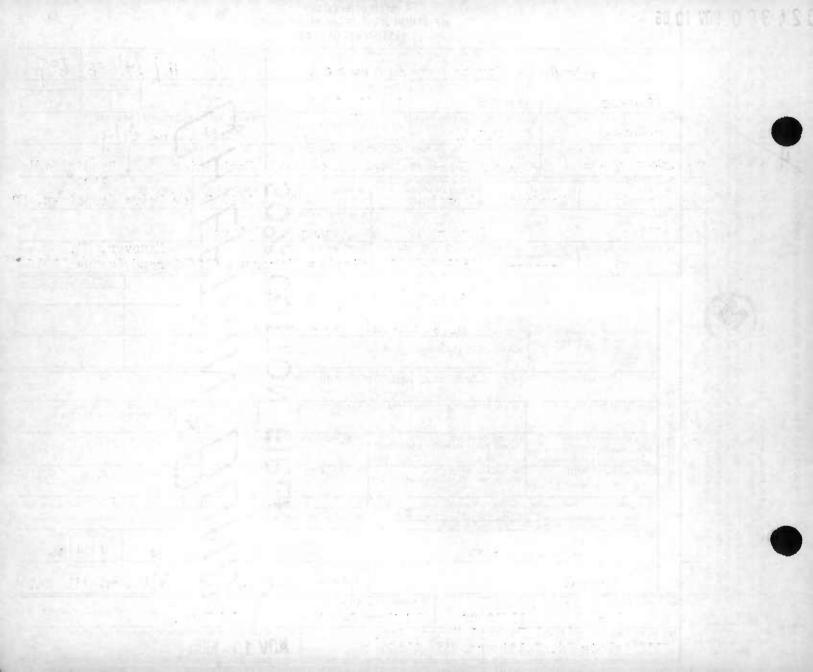
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 25789 NOV 25 CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) ANDREW YOUNG 1986 NOVEMBER 4 RACE 1. SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF LINDER LYEAR MONTH DAY VEAR Male Black 15 1900 86 TO BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED [DIVORCED BALTIMORE CITY IN CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE Retired JOHNS HOPKINS HOSPITAL 13b. COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 201 Broadwau St Maryland NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Joseph Young Mathews Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 215-10-0745 Ruth Bland 823 Lyndhurst St. Balto 21229 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: respirat IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF 1+ Kaspircotos Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. DIROUTDON Du endence PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bowe l 216. TIME OF INJURY OR CONTUBULING CAUSE OF DEATH HOUR A.M. MONTH TIE PLACE OF INJURY 211 LOCATION CITY OR TOWN 22x I certify that (I) this haspital) attended the deceased from & & , and that in (my) (aur) apinian death accurred an the date and havi and from the causes stated DEGREE 27c. DATE SIGNED ATTENDING MEDICAL mi DIRECTOR PHYSICIAN PHYSICIAN 220 RHY ICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS BASTIDAS 236. BURIAL, CREMATION, REMOVAL 23t NAME OF CEMETERY OR CREMATORY 23b. DATE Baltimore Maruland Burial 11-25-86 Mount Auburn Cemeteru 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Baileu Funeral Home 1348 N. Calhoun St. 21217 (VRA 15, 4)

23633 NOV	12	GFOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.				
		CEASED NAME FIRST	MIDDLE	LAST	T	DAY YEAR	26 HOUR
be 3	(1112	John	wesle	Young	11 0	a 86	3270
od o	3. SE		RACE	5. DATE OF BIRTH		IF UNDER TYEAR	IF UNDER 24 HRS
oge 4 may be rirector, page 3 ours after death		M	BLACK	10 4 1931	55 YRS.	MONTHS DAYS	HOURS MIN.
0 00 011	14.7B	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
Juerol Min 72 Inn 72 In	1	S.C	USA	WIDOWED DIVORCED	BALTIMORE	City	MD
he fired	10. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 	SING HOME OR OTHER INSTITUTION	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND C INDUSTRY	OF BUSINESS OR
1 11 90	1	altimore	St. Agnes	Haspital	(TIPE OF WORK FOR MOST OF WORKING CIPE	Rowen	- VA Hos
2 54 1278	₩SU 13a	AL RESIDENCE (IF NURSING HOME OR O'STATE 1136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	111111111	21210
さ 最変の		MA	Baltin			tem	Ave
量 就	14 F.	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME		
2 17	1.	Isaac MI	VOUL	na M. H.	WIDDLE	Wei	don
1		WAS DECEASED EVER IN U.S. ARM		CURITY NO. 17. INFORMANT	ADDRESS		aon
(ps) 1/	(YES, NO OR UNKNOWN) (IF YES, GIVE V	NAR OR DATES) 250-4	2-8110 Karth Vous	c. 5011 Dens	More	And in
1 31/2/	F		0.00	× 0110 19/E/711 10001	19 3011 1010	APPROX	IMATE INTERVAL
1111		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	and let		BETWEEN	ONSET AND DEATH
2000		IMMEDIATE	CAUSE (a)	was writer		unn	nediale
the send			DUE TO, OR AS A CONSEC	UENCE OF		2	1
de office de off		Conditions, if any, which gove rise to immediate	(b) (a)	the Keltondon	3	200	seup
4 4114		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	UENCE OF		0	
to de to		onderlying cause last.	(c) OLA	interior wall in	jocardial infarct		
	7	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION GIVE	EN IN PART 1	a'
requents The Thirting	9	Suspecte	of Pulmona	ay EMBOLISM			
s be s perimited on s on s	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDING CAUSES	NGS USED
The cion.	H			ALL REPORTS	YES NO YES	5 🔲	NO [
T H H	GE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
200000	S P	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
PHYSI ending this or the burn and Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	21f LOCATION	CITY OR TOWN	COUNTY	STATE
offer the street of the street	2	AT WORK NOT WHILE	TAT HOME STREET, FACTORY, OFFIC	E, PARM, ETC.)	CITOKIOTI	CODIAN	STATE
Af Af Af Month		22a.1 certify that (1) (this haspital	l) attended the deceased from	NOV 3 19 86	10 NOV 6	19 86	that of (we) last
TTEN Ditol TOR For u		saw the deceased alive an_	NOV 6 19	, and that in (py) (aur) apinion	death accurred an the date and haur		
OR ATTI		above, (f) (we) (did) (did not)	A death.	DEGREE		22c DATE	SIGNED
O = 0 0 =		(i) \$5/6/10 /1	thet.	MED ATTENDING	MEDICAL STAFF	11/	4/86
HOSPITAL ned by th FUNERAL old be det of the State		22d. PHYSICIAN'S NAME (TYPE OR P	RINT)	PHYSICIAN [DIRECTOR PHYSICIAN	1	ajoe
O HOSPIT TO FUNER should be continued by		11 BING	KUTSCHE	STAGNES H	BAUTIA	-	21779
TO H referin	22-	PUBLIC CREMATION PERSON				, ,	-(46)
00	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OF CREMATORY	OWINGS Mills	COUNTY	Ñ₫ [€]
BP		JNERAL DIRECTOR	11/12/00 00				
DHMH - 16 60M 7/84		urch Funeral Home Wes	1000 LI-L- ADDRESS	75e. DAT	E REC'D. BY REGISTRAR 256 REGISTE	AR'S SIGNAT	URE
(VRA 15, 4)	I ^V lc	irch runeral nome wes	st 4300 Wadash Ave	nue	10 1980	-1- P	1.12

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 026202 DEC -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME Ze. DATE KNOWN X MONTH DAY 2b. HOUR ESTI-DEATH MATED 11-27-869 YOUNKER HELENA 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 20 DATE 2d HOUR MONTH LAST BIRTHDAY) 11-27-86 BAM female white July 27,1944 DEAD 42 YRS 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City Maryland USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS University HospitalSTU Baltimore telephone co. operator AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION HIM COUNTY 13e STREET ADDRESS Je. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Potomac Towers 21740 Maryland Washington Hagerstown YESX NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Reger Margaret Dickel Harry Crawford 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 213-40-2912 Mary Wolfe, Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR SONTRIBUTING CAUSE OF DEATH pedestrian struck by an auto 21e. PLACE OF INJURY (AT HOME 211. LOCATION WHILE AT WORK West Balto. St. & Rochester Allev 22a. I certify that I toak charge of the remains described above, held on Autopsy and in my opinian Accident X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL TER DEATH. 11-28-86 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. Dodgess 111 Penn Street TYPE OR PRINT) PAE DA 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION burial Dec.1,1986 Greenlawn Mem. Park Williamsport, Wash., Maryland 07/84 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 Tiordoon: (VR A15 ME (5))



24360 NOV	10	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1 4 6 4
	-	DECEASED NAME FIRST	WIDDIE	LASI	REG. NO. 20. DATE OF DEATH MONTH DA	AY , YEAR 26 HOLIR
of the		TYPE OR PRINTS		- n .	M. DATE OF BEATH	11 86 605 M
Page 4 may be director, page 3 hours offer death		Joseph		EIMMERMEN	P I	FUNDER I YEAR IF UNDER 2 HRS
of term	3.	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	MC MC	ONTHS DAYS HOURS MIN.
oge irrect		FEMALE	WHITE	Jan 21, 1908	78 _{YRS.}	
Soft. P	10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
ter deoth.	-	Maryland	U.S.A.	WIDOWED DIVORCED	Taltimory (ity MD.
S of s of	1	CITY OR TOWN OF DEATH BALTIM CRE	(IF NOT IN SUCH FACILITY, GIVE STREET FRANCIS SCOTT NO	EY MEDICAL CENTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Technician	Bendix Radio
filled in loold be f	1	a. STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 132. CITY OR TOW Ford Joppatow	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1027 Ensor Driv	21085
thin thin	14	FATHER'S NAME		15. MOTHER'S MAIDEN NA		c ooppa coming .c
omplet	(1)	Silas	Carder	Agens Def		LAST
dies gas	5 16	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATEST		ADDRESS Ha no	
2 50 1	<_	No	219-20-7	240 Charles Zimm	nerman 6226 Second	Avenue 21076 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death certific as by the order of the certific as a subject to the certification as a subject to the certific as a subject to the certific as a subject to the certification as a sub	Z	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	ulmonay auxa		
requires requires Then plant or to buring		PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM		
At New John Inches	2	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
S S S S S S S S S S S S S S S S S S S	1	OR CONTRIBUTING CALISE OF DE	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
C Privs of the burner of the b		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TTENDS/		22a. I certify that (I) (this hosp	ital) attended the deceased from	Sb_, and that in (my) (aur) apinion	death occurred an the date and haur	9 56, that (1) (we) lost and from the causes stated
TAL OR A by the house RAL DIREC detoched detoched white Dept.		22b. SIGNATURE . Here	Mus	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
O HOSPI thorned to TO Floridi thorned be with the S		STERN		122. ADDRESS 4940 Gass		LIZIZ CTH from
BP		Burial, cremation, removal (SPECIFY) Burial	11/18/86 01	d Town Cemetery	Old Town, MD	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24	7110 Belair Rd.	Funeral Homes, Baltimore, Md 2	Inc. 1206	TE REC'D. BY REGISTRAR 256. REGISTR.	AR'S SIGNATURE



		FOR ra	ilm G 621,11/28/ DEPARTI	86 STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6	3 1 7 6 5
6,0 2, NOV 2	J. 95	REGISTRAR CEASED NAME FIRST OR PRINT) SEED	LEON Z	avetsky	REG. NO.	0. MONTH DAY YEAR 26 HOUR 1 1 15 86 10 16 16
oge 4 mg	1. SE	MALE	Cauca SiAr	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN.
decre de	NI	RTHPLACE (STATE OR FOREIGN EDUNTRY) WYORK	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	City
1	1	Bult (more)	OLIVA SUCH FACILITY, GIVE STREET	m·		COUNCIL OF MD
to 24 ho	130. 3	STATE NO BAL!	OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY 13c. CITY OR TO PIMORE	13d. INSIDE CITY LIMITS? Yes IX NO IX	1308 Ch	ZIP COMPT. Al #21208
	10	JACOB	ZAREFSKY	15. NOTHER'S MAIDEN NA FIRST MOLLIE	MIDDLE	ZWIECK
throw be execu- physical and company the con- embed the mades		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 120–12–			SS ZAREFSKY APT.Al LTO., MD 21208
			ly one cause per line for (a), (b), an D BY: E CAUSE (a) Condisc	Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death of by the artending one remark cart all cremations or rather traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	Atherosclewis		10 years
w requires.	CERTIFICATION	PART 2. OTHER SIGNIFICANT O		DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	INAL DISEASE OR COND 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
The form	THE SE				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
ATTENDING PHYSICIANS Applied to attending physician condition of the the condition of the area of the benefit of the condition of the conditio	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOV	
		22a.1 certify that (1) (this haspital) attended the deceased from NOV 15 , 19.86 , to NOV 15 , 19.86 , that (1) (we) last saw the deceased olive on NOV 15 , 19.86 , and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady ofter death.				
TALOS by the hy PAL DISI		22b. SIGNATURE	Ford		MEDICAL STAF	
o HOSP storned in Fune should be ward the 5		DANIEL FOR	5	SINAL HOSPITA		TRE MD 21215
BP		BURIAL, CREMATION, REMOVAL BURIAL	NOV.18,1986	NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO	BALTIMOF	RE COUNTY MARYLAND
DHMH - 16 60M 7/84			N RD. BALTO DRESS M		ATALAL	Sh. REGISTRAR'S SIGNATURE

